Derbyshire Safeguarding Children Board

Safeguarding Children
Everybody's Business

Integrating Children and Young People's Services
Building for a brighter future
Derby Safeguarding Children Board

Self-harm Practice Guidance

November 2015

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Version Control

Guidance to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures				
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INTRODUCTION

This document has been developed as a reference guide for all agencies and practitioners who come into contact with children, young people and their families. It is intended as a guide to supporting children/ young people who have thoughts, who are about to or have self-harmed.

The guidance will support practitioners to keep children safe by outlining:

- What self-harm is;
- The triggers for self-harm; and
- Guidance about what to do when working with young people and children who self-harm.

Agencies and practitioners must refer to the Derby City and Derbyshire Thresholds document (see Derby and Derbyshire Safeguarding Children procedures) to help them in their decision making about the level of need and the most appropriate assessment and interventions, including early help and referral to Children's Social Care. Where there are serious or complex needs or where there are child protection concerns, practitioners should consult with their designated lead for Child Protection and make a referral to Children's Social Care.

This guidance should be read in conjunction with the Derby and Derbyshire Safeguarding Children procedures via the direct link http://derbyshirescbs.proceduresonline.com/chapters/contents.html or via the DSCBs' websites www.derbyscb.org.uk or www.derbyshirescb.org.uk.

1. WHAT IS SELF-HARM?

NICE Clinical guidance[1] defines self-harm as 'self-poisoning or injury, irrespective of the apparent purpose of the act'.

Self-harm is an expression of personal distress, not an illness, and there are many varied reasons for a person to harm him or herself. Self-harm describes a wide range of behaviours that someone does to themselves, usually in a deliberate and private way, and without suicidal intent, resulting in non-fatal injury. In the majority of cases, self-harm remains a secretive behaviour that can go on for a long time without being discovered.

Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. Examples of self-harm behaviours are:

- self-cutting or scratching
- burning or scalding oneself
- head banging or hair pulling
- over/under-medicating, e.g. misuse of insulin
- punching/hitting/bruising
- swallowing objects
- self-poisoning i.e. taking an overdose or ingesting toxic substances.

[1] NICE Guideline NICE clinical guideline 16 www.nice.org.uk/cg16 Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

There are other behaviours that are related but which do not normally fall within the definition which include:

- self neglect – physical and emotional
- reckless risk taking
- staying in an abusive relationship
- eating distress (anorexia and bulimia/eating disorders)
- substance misuse
- risky sexual behaviour.

Common characteristics of self-harm behaviours

It may be:

- compulsive, ritualistic
- episodic (every so often)
- repetitive (on a regular basis)
- sometimes occurs with depression and anxiety, but sometime occurs without
- serves a purpose to the young person.

Common myths about self-harm

The most common myths about most young people who self-harm are that they:

- are manipulative
- are attention-seeking
- do it for pleasure
- do it as a group a group activity
- follow a 'Goth' sub-culture
- have committed a failed suicide attempt
- have a borderline personality disorder.

Self-harm and suicide

Suicide is a rare event; 3.5 per 100,000 15 to 19 year population, with males being more at risk than females. While methods used for suicide are often different to those used for self-harm, those who repeatedly self-harm are most at risk of suicide.

- Self-harm is the strongest clinical predictor of death by suicide and the behaviour causes great concern among family members, friends, teachers and clinicians.
- In general self-harm is a key factor associated with risk of eventual suicide especially in those who self-harm by cutting.
- Self-harm significantly increases the likelihood that the person will eventually die by suicide.
- The act that leads to suicide, however, may not be the same as that for previous self-harm.
- The death rate over the period 2006 – 2012 amongst 15-19 year olds per 100,000 population from suicide and undetermined death shows a small overall increase but almost a 15% rise amongst young men.
- Some young people who do not intend to kill themselves may do so because help does not arrive in time.
- Others may not realise the seriousness of their behaviour and the implications of, for example, other factors such as drugs or alcohol.

2. HOW MANY YOUNG PEOPLE ARE AFFECTED BY SELF-HARM/PREVALENCE?

Self-harm is common, especially among younger people.

- Approximately 1 in 10 young people report having engaged in self-harm.
- A survey of young people aged 15–16 years estimated that more than 10% of girls and more than 3% of boys had self-harmed in the previous year.
- For all age groups, annual prevalence is approximately 0.5%.
- A wide range of psychiatric problems, such as emerging borderline personality disorder, depression, bipolar disorder, schizophrenia, and disorders related to drug and alcohol use are associated with self-harm. However many young people will not have a mental disorder.

Studies use different definitions of self harm and cover different age ranges. This makes it very difficult to understand how many young people are affected. However, it is reasonable to conclude that:

- self-harm becomes more common after the age of 16, but is still prevalent among teenagers and younger children from the age of 8;
- young women are up to 3 times more likely to self-harm than young men;
- rates amongst young Asian women can be even higher but other than this, there is no reported difference in prevalence between young people from different ethnic backgrounds;
- Lesbian, gay, bisexual and transgender (LGBT) young people are more likely to self-harm.

Self-harm is often managed in secondary care – this includes hospital medical care and mental health services. However, most young people who self-harm do not present anywhere for treatment.

Proxy information

Young Minds estimates that amongst 11-19 year olds, the rate of self harm is from 1:15 to 1:12.

- When applied to Derby and Derbyshire, the numbers of young people who self harm would be within the range 7,196 - 8,995.

The Association for Young People's Health Research Summary March 2013 suggests that 1 in 8 of these are likely to end up in hospital care.

- When applied Derby and Derbyshire, the numbers within the range 900 – 1124.

3. WHY DO YOUNG PEOPLE SELF-HARM?

Causes

There are no specific causes of self-harm. It is not a clinical condition but a response by a young person under stress. It may be in relation to repeated or long standing stress, such as that arising from abuse or domestic violence, or a reaction to a single event such as bereavement. It may be the only way a young person has learned to cope with powerful emotions or it might be the method of choice – the one that works best for them.

Self-harm is primarily a coping mechanism, a means of releasing tension and managing strong feelings. Marginalised young people for example, those in custody, LGBT, victims of

abuse, or those affected by sexual exploitation, are at greater risk. This is partly because they are more at risk of depression and anxiety and also because they are less likely to have role models demonstrating effective, alternative coping strategies. They may also be more likely to know others who use self-harm themselves or attempt suicide, factors that have been identified as a risk in a number of studies.

Factors that motivate young people to self-harm include a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Self-harming may express a powerful sense of despair that needs to be taken seriously. Such behaviours should not be dismissed as "attention-seeking".

Prevention

It can be difficult to identify young people at risk of self-harm even though they may seek help before they self-harm. This partly due to the secrecy and shame that tends to surround self-harm or impulsiveness that precipitates an act of self-harm, but also because there are no unique individual or behavioural characteristics to look out for.

Nevertheless, schools in particular are well placed to take action to address some of the issues known to be associated with self harm such as bullying/cyber-bullying, child sexual exploitation, peer pressures and exam pressures. This can be achieved in the following ways:

- By being aware of students who display the characteristics associated with self-harm, being alert to changes in their demeanour and behaviour that suggest anxiety or low mood and to any specific incident that might trigger an act of self harm.
- Most importantly:
    - Remembering that young people seek out staff they are comfortable with, not just teachers or pastoral care staff;
    - By being pro-active - showing concern and asking if there is a problem and taking seriously any expression of anxiety;
    - Recording and taking action upon any incident of self harm within school or affecting a student;
    - Having good links with key services such as CAMHS, School Nursing and Multi-Agency Teams (MAT's); and
    - Having policies and procedures that support these actions (See Appendix 1).

Similar approaches can be taken by other services who work with young people who are known to have additional vulnerabilities such as:

- Out of school services/Pupil Referral Units and Support Centres;
- Multi-Agency Teams (MAT's) and youth services;
- Children's and foster homes;
- Aftercare services;
- Youth Offending Services;
- Services for Young Carers;
- Services for those who run away and those who are at risk of child sexual exploitation;
- Services for those who have mental health problems.

Effective action is likely to require a multi-agency approach such as an Early Help Assessment, team around the family meetings and multi-agency action plans to ensure appropriate help and support is provided.

4. BECOMING SELF-HARM AWARE

Vulnerability and Risk Factors

There can be many factors within a young person, their immediate and wider social networks and their environment which might predispose him/her to a wide range of vulnerabilities and not just self-harm. Protective factors mitigate those vulnerabilities (see appendix 3).

Characteristics of young people who self harm

Common characteristics of adolescents who self harm are similar to the characteristics of those who commit suicide. Physical or sexual abuse may also be a factor. Recently there has been increasing recognition of the importance of depression in non-fatal as well as fatal self-harm in young people. Substance misuse is also common, although the degree of risk of self harm in young people attributable to alcohol or drug misuse is unclear. Knowing other who self harm may be an important factor.

As many as 30% of young people who self harm report previous episodes, many of which have not come to the attention of professionals. At least 10% repeat self harm during the following year.[2]

Common problems preceding self-harm

- Difficulties or disputes with parents
- School or work problems
- Difficulties with boyfriends or girlfriends
- Disputes with siblings
- Physical ill health
- Difficulties or disputes with peers
- Depression
- Bullying
- Low self-esteem
- Sexual problems
- Alcohol or drug misuse
- Awareness of self-harm by friends
- Child sexual exploitation

Factors associated with repeated self harm

- Previous self harm
- Personality disturbance
- Depression
- Alcohol or drug misuse
- Chronic psycho-social problems and behaviour disturbance
- Disturbed family relationships
- Alcohol dependence in the family
- Social isolation
- Poor school record

[2] BMJ Volume 330 April 2005

Triggers to self-harm
Vulnerabilities increase the likelihood that a young person might self-harm, one or more additional factors, or "triggers", make this more likely to occur. These may include:

- Family relationship difficulties (the most common trigger for younger teenagers);
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents);
- Bullying, especially homophobic or cyber-bullying/mobile phones;
- Significant trauma e.g. bereavement, abuse;
- Self-harm behaviour amongst the young person's peer group (contagion effect);
- Self-harm portrayed or reported in the media;
- Difficult times of the year, e.g. anniversaries;
- Trouble in school or with the police;
- Feeling under pressure from families, school or peers to conform/achieve;
- Exam pressure;
- Times of unwelcome change, e.g. parental separation/divorce.

Warning signs to look out for
There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits;
- Increased isolation from friends/family;
- Changes in activity and mood, e.g. more aggressive than usual;
- Lowering of academic grades;
- Talking about self-harming or suicide/suicidal ideation;
- Abusing drugs or alcohol;
- Becoming socially withdrawn;
- Expressing feelings of failure, uselessness or loss of hope;
- Giving away possessions;
- Risk taking behaviour (substance misuse, unprotected sexual acts)
- Suicide or self-harm history in family.

5. What to do if a young person discloses that they have, or intend to, self-harm, express suicidal thoughts or you have concerns and need to approach them

Protective and supportive action the general approach to be taken
What matters for many young people is having someone to talk to who will take them seriously. A study in 2012 [3] found that most people want to be able to talk about self-harm and help young people but do not have the language/vocabulary to communicate effectively.

- Young people find it easier to seek help on line but feel they should go to GP, teachers etc.
- The response on line can be very varied ranging from help and advice to dismissal and ridicule that can increase the very feelings that trigger their self harm.
- This lack of understanding/ambivalence about self-harm can increase the risk of escalation to suicide.

[3] Talking Self-harm – Cello Group/ Young Minds Dec. 2012 http://www.cellogroup.com/pdfs/talking_self_harm.pdf)

A supportive response is one that demonstrates respect and understanding together with a non-judgmental stance, are of prime importance together with a focus on the person, not what they have said or done. Remember, most young people who self-harm:

- do not have mental health problems – they are under stress and have no other means of managing their emotions;
- feel shame and stigma – it is not easy for them to talk about it.

Do

- Depending upon the setting and circumstances, find somewhere private to talk with the young person.
- Tell a colleague what you are doing.
- Listen attentively - just being listened to can be a brilliant support and bring great relief to the young person, particularly if they have never previously spoken to anyone about their self-harming before.
- Encourage them to talk about their feelings.
- Do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative.
- Stay calm - it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the young person is saying and what their body language is telling you.
- If they have taken any substances or injured themselves.
- Take all mention of self-harm or suicidal thoughts seriously – listen carefully and keep detailed notes.
- Clarify whether or not there are immediate needs for medical attention especially with regard to cutting or possible overdose, or to keep the young person safe and respond accordingly.
    - In the case of an over-dose of tablets, however small, the young person should be taken to a hospital as they may have taken more tablets than stated. If the incident took place over 72 hours ago, advice must be obtained from medical practitioners (or Hospital Emergency Department).
- Provide first aid if necessary and always take medical advice if a possible overdose may have occurred.

Exploring what the problem is

- Having dealt with any immediate medical needs, explore with the young person what is going on in their life that has caused them to feel/behave like this - the feelings, thoughts and behaviours involved. This can help the young person to makes links between feelings and behaviours, begin to make sense of the self-harm and to think about other ways of coping.

Do

- Take time to really hear the young person - try to find out what is causing the distress/what risks the young person may be exposed to and who they trust and find supportive.
- Find out what is troubling them/what they worried about something?
- How long have they felt like this?
- Are they at risk of harm from others?
- Explore how imminent or likely self-harm might be
- What other risk taking behaviour have they been involved in?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?

- Ask who else may be aware of their feelings – who they have the spoken to, what was the response
- Ask what help or support young person would wish to have
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

Try to find out about not only the risks and vulnerabilities but also about any particular strengths and protective factors (see Appendix 3).

Simple things you can say:
Firstly, take stock of your own feeling and thoughts before asking any questions. If your feelings or thoughts about the young person's behaviour are negative in anyway, they will be communicated to them non-verbally when you talk to them and hinder the helping process.
See the person, not the problem. Talk in a genuine way. Address them as you would wish to be addressed. For example:

> *'I've noticed that you seem bothered/worried/preoccupied/ troubled. Is there a problem?'*
>
> *'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present.'*
>
> *'I don't think I am the best person to help you, I don't know enough about the things that are bothering you and what to do about it. How would you feel if I arrange for you to see……..I can be with you if you like.'*

Try not to:
- Panic or try quick solutions, e.g. removing blades from those who cut this may increase the risk of more serious self-harm as cutting may be there only way of coping currently.
- Dismiss what the young person says
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the young person
- Ignore or dismiss the feelings or behaviour
- See it as attention seeking or manipulative
- Trust appearances, as many children and young people learn to cover up their distress
- Ask them to promise you that they won't do it again.

6. ASSESSING THE RISKS

Part of building up a picture of what is happening in the young person's life is assessing the risk to which they are exposed and whether or not it includes anyone else. This assessment of risk should be undertaken at the earliest stage and regularly updated – some elements will remain more or less constant, others will be situational and liable to change, sometimes

very quickly. When assessing the risks of repetition of self-harm or risks of suicide, identify and agree with the young person who has self-harmed the specific risks for them, taking into account:

- Methods and frequency of current and past self-harm;
- Current and past suicidal intent;
- Depressive symptoms and their relationship to self-harm;
- Any psychiatric illness and its relationship to self-harm;
- The personal and social context and any other specific factors preceding self-harm, such as unpleasant affective states or emotions and changes in relationships;
- Specific risk factors and protective factors (social, psychological, pharmacological and motivational) that may increase or decrease the risks associated with self-harm;
- Coping strategies that the person has used to either successfully limit or avert self-harm or to contain the impact of personal, social or other factors preceding episodes of self-harm;
- Significant relationships that may either be supportive or represent a threat (such as abuse or neglect) and may lead to changes in the level of risk;
- Immediate and longer-term risks.

When assessing risk, also consider

- The possible presence of other co-existing risk-taking or destructive behaviours, such as engaging in unprotected sexual activity, exposure to unnecessary physical risks, drug misuse or engaging in harmful or hazardous drinking.
- Asking the person who self-harms about whether they have access to family members', carers' or other people's medicines.

Do not keep it to yourself

With advice from your line manager or other colleague, form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral.

Always talk through with the young person, the assessment of risks. If the young person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment**.**

Do not work alone

Explain to the young person that you cannot keep this information to yourself. Talk about the importance of sharing how they are feeling (and perhaps what they have done) re-assuring them that this information will not be misused or inappropriately shared. Explain that they will not get the support and understanding of others – teachers, school nurses, MAT or social workers, GP etc. – if those people do not know there is a problem. Try to work out together to identify who it is important to tell and who is the best person to provide advice and support.

Discuss with the young person the importance of telling young person's parents/carers and explore any fears he or she may have about this. They will expect that information as important as this is shared with them.

- Wherever possible, such information sharing should be undertaken with the young person's agreement (see Section 10 - confidentiality and information sharing).
- Offer to be there for them.

7. **WHEN HOSPITAL CARE IS NEEDED** - National Institute for Clinical Excellence (NICE) guidance[4]

When a young person requires hospital treatment in relation to physical self-harm, clinical practice should comply with NICE guidance.

- Triage, assessment and treatment for under 16's should take place in a separate area of the Emergency Department.
- All children and young people should normally be admitted into a pediatric ward under the overall care of a pediatrician and assessed fully the following day with input from the Child and Adolescent Mental Health Service (CAMHS).
- Assessment should be undertaken by healthcare practitioners experienced in this field.
- Assessment should follow the same principles as for adults who self-harm, but should also include a full assessment of the family, their social situation, family history and safeguarding issues.
- Initial management should include advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed.

Any child or young person who refuses admission should be reviewed by a senior Paediatrician in the Emergency Department and, if necessary, their management discussed with the on-call Child and Adolescent Psychiatrist.

8. FOLLOW UP

Having dealt with any immediate medical problem, make sure there is proper follow-up and provide a report using your agency's incident form.

- Seek advice and support for yourself from your line manager, safeguarding lead, CAMHS or other source.
- Contact the young person's parents/carers, unless it places the young person at further risk (refer to Derby and Derbyshire Safeguarding Children Procedures[5]).
- Provide advice and written information on the nature of help, helplines and other sources of advice and support (See Appendix 7).
- Consider the need for:
  - an Early Help Assessment;
  - referral to CAMHS, school nurse or Multi-Agency team (MAT);
  - referral to children's Social Care where there are serious or complex needs or child protection concerns;
  - advice from a Third Sector provider.
- Ensure information is shared appropriately.
- Ensure that there is a plan to provide help and support and that the young person understands it.
- Follow your agency's own policies and the DSCBs' safeguarding children procedures regarding confidentiality, recording, identification of needs and decision-making, including determining whether or not an early help assessment or referral to children's Social Care is needed.

[4] NICE quality standard [QS34] Published date: June 2013

[5] http://derbyshirescbs.proceduresonline.com/chapters/contents.html

- Record what has happened and what needs to happen next, following your own agency's procedures.
- Provide parent/carer with the carer/parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.

9. CONFIDENTIALITY AND INFORMATION SHARING

Young people will be concerned that they do not lose control of the issues they have disclosed. In particular, they will be concerned that sensitive and personal information is not shared without their agreement. Where it is shared, with or without their agreement, they will be concerned that it is properly safeguarded and not misused. This is often expressed as a request for confidentiality.

At the earliest, suitable time, there needs to be a discussion with the young person about who needs to know what and why. It needs to be explained in terms of:

- seeking help from relevant agencies and professionals;
- ensuring those who need to know (such as teachers/pastoral care, GP's) can be understanding and supportive;
- parental expectations that information they need to have is not withheld from them – except where there are concerns about parenting, outcomes for young people are invariably better with parental engagement.

Where a young person is withholding their consent, professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent, or to refuse consent, to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues.

- A young person, especially if they are distressed and anxious, may not appreciate the seriousness of the risks they are taking and the harm that might occur and not be judged competent to make decisions at that point about who needs to be told what.

The Fraser guidelines should be used to determine whether or not information should be shared without agreement in circumstances where:

- The situation is urgent and there is not time to seek consent;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.
- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
- There is a pressing need to share the information.

Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all, the child's wishes should be respected, unless the conditions for sharing without consent apply. Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

Practitioners should refer to their agencies information sharing policy and the DSCBs' Information Sharing Agreement and Guidance for practitioners located within the safeguarding children procedures.

10. NEXT STEPS

Adopting a "team around" approach, consider convening a meeting to consider the need for an early help assessment at a mutually convenient time and place within the school environment or other setting where the young person feels comfortable. For further information about the early help assessment see www.derbyscb.org.uk or www.derbyshirescb.org.uk.

Consider inviting representation from the school's pastoral care, Multi-Agency Team MAT), school nursing and consultation with CAMHS and other specialist services as appropriate.

- Be clear about information sharing
- Encourage and support the young person to express their needs and what would be helpful
- Help the young person to:
  - build up self-esteem;
  - identify his or her own support network, e.g. using protective behaviours;
  - find a safer way of managing the problem e.g. talking, writing, drawing or using safer alternatives. If the person dislikes him or herself, begin working on what he or she does like. If life at home is impossible, begin working on how to talk to parents/carers.
  - stay safe and reduce the risk of self-harm e.g.
    - washing implements used to cut
    - avoiding alcohol/other substances if it's likely to lead to self-injury
    - taking better care of injuries (the school nurse may be helpful here)
- Provide information about advice on support agencies, including websites and advice on which are safe and recommended and which are not;
- In line with your agency's procedures, ensure full recording of all meeting, contacts with the young person, concerns and actions taken in response. Ensure meetings are recorded, agreed actions circulated and review dates adhered to.

Working with friends and peers

These can often be the first to recognise the signs and symptoms of self-harm amongst their group.

- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming.
- Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.
- They also need to know that they can seek advice without disclosing the identity of the young person in question – should a serious risk requiring such a disclosure arise, it can be addressed as necessary
- Peers can play an important part protecting a young person from harm

Occasionally concerns may arise in relation to self-harming behaviours occurring within a group context.

Self-harm and group contexts – schools and children's homes in particular
Settings which work with young people in groups, especially schools, need to be alert to the possibility that peers/close contacts of a young person who is self-harming may also behave in a similar way. Occasionally, schools discover that a number of students in the same peer group are harming themselves. Children's homes in particular may find that they have more than one young person presenting self-harm behaviours. Some young people, for example, get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety both in staff and in other young people. Pro-active steps such as using PHSE in schools to engage young people in dialogue about the stresses and pressures that some young people seek to manage through self-harm is an effective way of encouraging young people (and their peers) to seek early help and of building resilience. Similarly, within children's homes self-harm as part of a wider programme of education/prevention sessions led by specialist workers and named nurses serve a similar purpose.

- Each young person will have individual reasons for self-harming which should be assessed individually leading to an individual action plan - professionals must not assume that all the young people involved have the same needs and respond in the same way.
- There may be evidence that group dynamics/pressures are an additional factor in determining/ maintaining the behaviours - social media and electronic communications will need to be considered as part of overall picture including young people accessing websites supporting self harm.
- Where there is any evidence suggesting that the self-harm is wholly or in part "group behaviour", the advice of both safeguarding and CAMHS needs to inform an action plan.
- It may be helpful to convene a meeting discuss the matter openly within the group of young people involved. In general, however, it is not advisable to offer regular group support for young people who self-harm.

11. WORKING WITH YOUNG PEOPLE WHO SELF HARM

Understanding what maintains self-harm behaviours?
Self-harm behaviour in young people can be transient and triggered by particular stresses that are resolved fairly quickly. Others, however, develop a longer-term pattern of behaviour that is associated with more serious emotional/mental health difficulties.

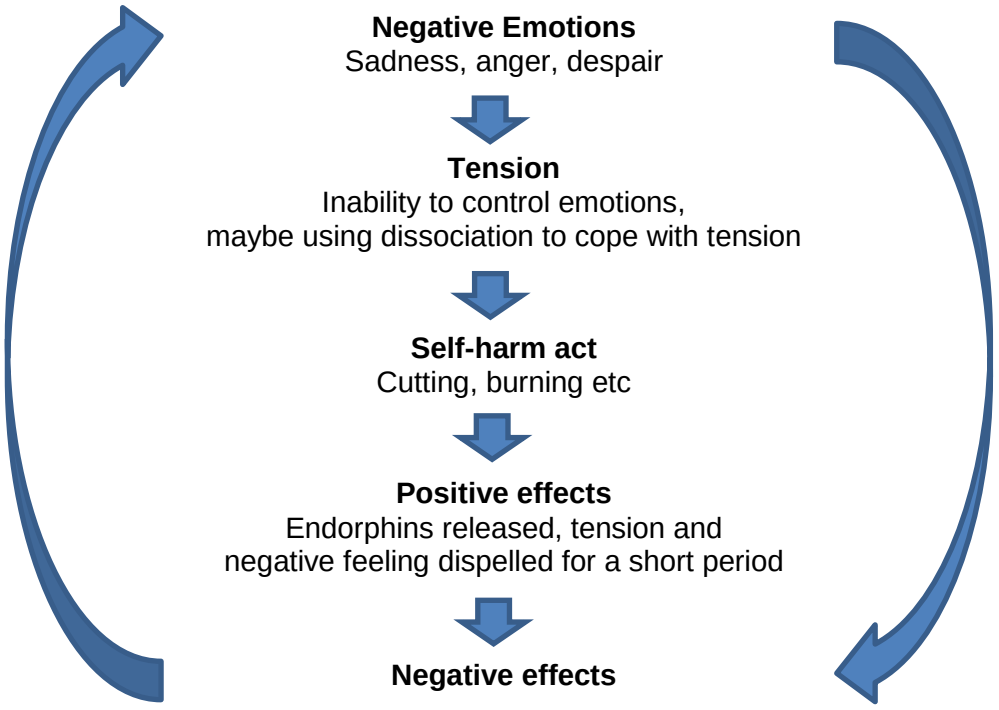
The more underlying risk factors that are present, the greater the risk of further self-harm. Once self-harm, particularly cutting behaviours, are established, it may be difficult to stop. Self-harm can have a number of purposes for young people and it becomes a way of coping, for example:

- by reducing in tension (safety valve);
- a distraction from problems;
- a form of escape;
- outlet for anger and rage;
- opportunity to 'feel real';
- way of punishing self;

- way of taking control;
- to not feel numb;
- to relieve emotional pain through physical pain;
- care-eliciting behaviour;
- means of getting identity with a peer group;
- non-verbal communication (e.g. of abusive situation);
- suicidal act;
- shame and guilt over self-harm act;

The cycle of self-harming/cutting

When a person inflicts pain upon him- or herself, the body responds by producing endorphins, (which are similar to the drugs opium and heroin) a natural pain-reliever that gives temporary relief or a feeling of peace. These chemicals are released when a person feels in danger, experiences fear and particularly when the body is injured in any way. They produce insensitivity to pain that will help the individual survive when having to deal with danger. The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



Coping Strategies

Replacing the cutting or other self-harm with safer activities (Distraction Strategies) can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Successful distraction techniques include:

- Using a creative outlet e.g. writing poetry & songs, drawing, collage or artwork and talking about feelings;
- Using stress-management techniques, such as relaxation;
- Having a bath;

- Reading a book;
- Looking after an animal;
- Writing a diary or journal;
- Writing negative feelings on a piece of paper and then ripping it up;
- Talking to a friend (not necessarily about self-harm);
- Going online and looking at self-help websites or ringing a helpline;
- Using a red water-soluble felt tip pen to mark instead of cut; *(the butterfly project)*
- Scribbling on a large piece of paper with a red crayon or pen;
- Hitting a punch bag to vent anger and frustration;
- Rubbing ice instead of cutting;
- Putting elastic bands on wrists and flicking them instead of cutting;
- Getting out of the house and going to a public place, e.g. a cinema;
- Going into a field and screaming;
- Physical exercise or going for a walk/run;
- Listening to loud music;
- Making lots of noise, either with a musical instrument or just banging on pots and pans.

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this. It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

- My Safety Net (see Appendix 3) provides a simple format to help a young person explore and record what alternative coping strategies they might be able to use.

These strategies should always be used alongside addressing the underlying reasons for the behaviour.

CAMHS and Clinical interventions

It is now evident that adolescent self-harm is an important indicator of future mental health status in young adulthood. Adolescents who report self-harming behaviour (regardless of whether or not they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. Interventions should not only focus on reducing self-harm, but should also treat the anxiety, depression and substance use problems that may accompany self-harming behaviour.

All young people who have self-harmed in a potentially serious way should be assessed in hospital by a CAMHS specialist. This is necessary for the management of medical issues and to ensure young people receives a thorough psycho-social assessment.

A small number of young people will be at high risk of developing a serious and persistent pattern of repeat/high risk self-harm behaviours which may be linked to co-morbid mental health conditions. These are a priority group within specialist CAMHS services. The evidence base on interventions for self-harm is not very conclusive, but it seems likely that interventions based on a problem-solving approach such as Cognitive Behavioural Therapy or Dialectic Behaviour Therapy (DBT) or which teach new methods of coping and that offer brief but swift response to crisis, will prove helpful. Recent research is reporting

that an approach based on “care bundles which groups together interventions that are more effective if given together than alone can be very effective.

- The problem solving approach can also be extended to involve the whole family. Pharmacological interventions for this age group are generally discouraged. Ensuring young people know where to go for quick access to help if they require support or are hurt is very important.
- A crisis intervention model is often most appropriate. Compliance, however, can be a problem because the self-harm may have a positive effect by providing temporary relief from a difficult situation. Also take-up of treatments depends largely on parental background and attitudes.
- Group work can also help some young people.
- Pharmacological interventions for this age group are generally discouraged. Also ensuring young people know where to go for quick access to help if they are hurt is very important.
- Adolescents who report self-harming behaviour (regardless of whether or not they report suicidal intent) should be carefully followed-up to assess their need for support and treatment. Interventions should not only focus on reducing self-harm, but should also treat the anxiety, depression and substance use problems that may accompany self-harming behaviour.

12. SUPPORT FOR PRACTITIONERS

The needs of practitioners

Practitioners may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all work colleagues to have an opportunity to share the impact that self-harm has on them personally and receive help and support. Colleagues need to be open to the possibility that having to deal with self-harm in a young person for whom they have a duty of care may require a member of staff to confront issues within their own lives, past or present, or that relate to someone close to them.

- It is important that any plan to address a young person’s self-harm needs is clear about the expectations of individual staff/practitioners – failing to set limits on the roles of individuals can leave them feeling too responsible for too long.
- Staff in some settings such as children’s homes will have more intensive and enduring responsibilities and may need additional training and access to consultation to support them in their role.

The responsibility of managers and supervisors

Managers/supervisors are responsible for creating a workplace environment where these sensitive issues such as self-harm can be discussed within an atmosphere of openness, mutual trust/respect and reciprocal support and sensitivity. They are also responsible for facilitating access to training on self-harm and encouraging take up. In house training – for example INSET days in schools – provide an excellent vehicle for training the network of staff who need to work together and CAMHS and other services will always aim to respond positively to any such request. An important aspect of prevention of self-harm is having a supportive environment in the school that is focussed on building self-esteem and encouraging healthy peer relationships.

Other related issues that can form part of a wider programme will include, anti-bullying, internet safety, child sexual exploitation and substance misuse. Those who have the care of young people on a day or full time basis have additional responsibilities to build resilience:

- in the young people themselves so they can cope with the ups and downs that they will have to cope with
- in the staff who are the adults young people are most likely to turn to for help so they are better equipped to respond positively
- in the agency/organisation through policies and procedures that promote safe and effective practices
- They also need to be alert to the possibility of self-harm – a young person may conceal injuries such as cuts or present for first aid because they cannot verbalise their need for help.

A checklist of some of the procedures and practices can help in the management and prevention of self-harm can be found at appendix 1.

Appendix 1 Example of a check list for schools for self-harm procedures & practices

Checklist for schools: supporting the development of effective practice

School ethos

- The school has a culture that encourages young people to talk and adults to listen and believe.
- It utilises PHSE to help build resilience in its students.
- It is working towards implementation of "Mental health and behaviour in schools - Departmental advice for school staff DfE, June 2014.
- It works closely with MAT's, the school nursing service, CAMHS and others to identify and respond to the needs of vulnerable students.
- The school has a policy or protocol approved by the Governors on supporting students who are self-harming or at risk of self-harming.

Training

- All new members of staff receive an induction on child protection procedures and setting boundaries around confidentiality including awareness of self-harm.
- All members of staff receive regular training on child protection procedures.
- Administrative and ancillary staff also receive awareness training commensurate with their roles and responsibilities.
- Staff members with pastoral roles (head of year, designated safeguarding lead, SENCO etc.) have access to additional training in identifying and supporting students who self-harm.

Communication

- The school has systems that ensure good communication about students requiring additional help and support, both within the school and other agencies.
- All members of staff know to whom they can go if they discover a young person who is self-harming.
- Senior staff ensure that non-teaching members of staff are included in communications about vulnerable students at a level appropriate with their roles and contact with students.
- Time is made available to listen to and support the concerns of staff members on a regular basis.

Support for staff / students

- School members know the different agency members who visit the school, e.g. school counsellors, MAT workers, school nurses etc.
- There are guidelines for male members of staff setting out expectations with regard to their interaction with female students.
- Staff members know how to access support for themselves and students.
- Students know to whom they can go for help.

Appendix 2 Specimen incident form to be used when a young person self-harms

School / College:		**Date of Report:**					
Young person's name:		**Age:**		**Gender:**		**Year:**	
Special needs:							
Staff member:		**Designation:**					
Date of incident:		**Time of incident:**					
Details of incident							
Action taken by school personnel							
Decision made with respect to contacting parents and reasons for decision							
Follow-up action required and timescales							
Signature:		**Designation:**					

Copies to:	**Parents**		**School Health**		**G.P.**	**Multi Agency Meetings**	
Other, please state:							

Appendix 3 Risk and Protective factors

Family Protective Factors	
Child	**Parents**
• High self-esteem • Good problem solving skills • Easy temperament • Able to love and feel loved • Secure early attachments • Good sense of humour • A love of learning • Being female • Good communication skills • Belief in something bigger than the self • Having to lose friends	• High self-esteem • Warm relationship between adults • High marital satisfaction • Good communication skills • Good sense of humour • Capable of demonstrating unconditional love • Set developmentally appropriate goals for child • Provide accurate feedback to the child • Uses firm but loving boundaries

Family Risk factors	
Child	**Parents**
• Low self esteem • Few problem solving skills • Difficult temperament • Unloving and reject love from others • Difficult early attachment • Tendency to see things literally • Fear of failure • Genetic vulnerability • Being male • Poor communication skills • Self-centred thinking • Rejected / isolated from peer group	• Low self-esteem • Violence or unresolved conflict between adults • Low marital satisfaction • High criticism / low warmth interactions • Conditional love • Excessively high or low goals set for the child • Physical, emotional or sexual abuse • Neglect of child's basic needs • Inconsistent or inaccurate feedback for the child • Parents with drug or alcohol problems • Parental mental health problems

Environmental Protective Factors	
School	**Housing and Community**
• Caring Ethos • Students treated as individuals • Warm relationships between staff and children • Close relationships between parents and social • Good PHSE • Effectively written and implemented behaviour, anti-bullying, pastoral policies • Accurate assessment of special needs with appropriate provision	• Permanent home base • Adequate levels of food and basic needs • Access to leisure and other social amenities • Low fear of crime • Low level of drug use in the community • Strong links between members of the community

Environmental Risk Factors	
School • Excessively low or high demands placed on child • Student body treated as a single unit • Distance maintained between staff and children • Absent or conflictual relationships between staff and school • Low emphasis on PHSEE • Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care • Ignoring or rejecting special needs • Fear of failure	**Housing and Community** • Homelessness • Inadequate provision of basic needs • Little or no access to leisure and other social amenities • High fear of crime • High levels of drug use • Social isolated communities

Appendix 4 My Safety Net

There are different categories or types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

- family and close friends
- friends and people you see every day
- helplines and professional people you could go to for help.

Also, write into the space below the safety net, the things that you can do yourself to cope with difficult feelings and keep yourself safe.

Things I can do myself to cope with difficult feelings

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Appendix 5 Fact sheet on self-harm for parent/carers

As a parent/carer, you may feel angry, shocked, guilty and upset. These reactions are normal, but what that young person you care about really needs is support from you. That young person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. They need to find a less harmful way of coping.

What is self-harm?
Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose, self-strangulation, running in front of a car or risk taking behaviour e.g. alcohol intoxication, where the intent is to deliberately cause harm to self.

How common is self-harm?
Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15- to 16-year-olds, approximately 7 per cent had self-harmed in the previous year.

Is it just attention-seeking?
Some people who self-harm have a desire to kill themselves. However, there are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention-seeking behaviour.

Why do young people harm themselves?
All sorts of upsetting events can trigger self-harm, such as arguments with family, breakup of a relationship, failure in exams and bullying at school. Sometimes several stresses occur over a short period of time and one more incident is the final straw. Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What you can do to help

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible. Some people you can contact for help, advice and support are:
- Speak to your family doctor, school health nurse or health visitor

Appendix 6 Information on self-harm for young people

What is self-harm?
Self-harm is where someone does something to deliberately hurt him or herself. This may include cutting parts of the body, burning, hitting or taking an overdose.

How many young people self-harm?
A large study in the UK found that about 7 per cent (i.e. 7 out of every 100 people) of 15-to 16-year-olds had self-harmed in the past year.

Why do young people self-harm?
Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult feelings that people who self-harm talk about include:

- feeling sad or worried
- not feeling very good or confident about themselves
- being hurt by others: physically, sexually or emotionally
- feeling under a lot of pressure at school or at home
- losing someone close, such as someone dying or leaving.

When difficult or stressful things happen in a person's life, it can trigger self-harm.
Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break-up of a relationship
- Failing, or thinking you are going to fail, exams
- Being bullied

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of that person showing other people that something is wrong in his or her life.

How can you cope with self-harm?
Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way with dealing with difficult things in life. Helpful strategies can include:

- finding someone to talk to about your feelings, such as a friend or family member
- talking to someone on the phone, e.g. you might want to ring a helpline
- writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- scribbling on and/or ripping up paper
- listening to music
- going for a walk, run or other kind of exercise
- getting out of the house and going somewhere where there are other people
- keeping a diary
- having a bath/using relaxing oils, e.g. lavender
- hitting a pillow or other soft object
- watching a favourite film

Getting help
In the longer term it is important that the young person learns to understand and deal with the causes of stress that he or she feels. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home: parents, brother/sister or another trusted family member

- In school: school counsellor, school nurse, teacher, teaching assistant or other member of staff.

- GP: You can talk to your GP about your difficulties and he or she can make a referral for counselling or specialist Child & Mental Health Services Support (CAMHS)

- You can also contact a helpline.

My friend has a problem: how can I help?

- You can really help by just being there, listening and giving support
- Be open and honest. If you are worried about your friend's safety you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a library, etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.
- Your friend may get angry with you or tell you that you don't understand. It is important to try not to take this personally. Often, when people are feeling bad about themselves, they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to talk to an adult who can support you. You may not always be able to be there for your friend, and that's ok.

Appendix 7 National Advice & Helplines and Useful Publications

National advice and helplines

Beat – Beating Eating Disorders
Beat provides helplines, online support and a network of UK-wide self-help groups to help adults and young people affected by eating disorders, difficulties with food, weight or their shape.

- www.b-eat.co.uk
- Youthline 0345 634 7650 (Monday to Friday evenings from 4.30pm to 8.30pm and Saturdays 1.00pm - 4.30pm)
- Helpline 0345 3641414

Childline
Childline is the UK's free NSPCC helpline for children and young people. It provides a 24hrs helpline, online chat and message boards for children and young people under 18.

- Freephone 0800 1111
- www.childline.org.uk

Children's Legal Centre (CORAM)
The Children's Legal Centre is a charity that promotes children's rights and gives legal information, advice and representation to children and young people

- Child Law Advice Service 0300 3305485
- www.childrenslegalcentre.com

Derbyshire Friend
Help, advice and support for lesbian, gay, bisexual and transgender people

- Derbyshire Friend confidential LGBT switchboard Telephone: 01332 349333
- www.gayderbyshire.org.uk

Family Lives
Provides information, guidance, advice and support in all aspects of family life, including bullying.

- Helpline service (previously known as Parentline) 0808 800 2222
- www.familylives.org.uk

FRANK
Friendly confidential drug advice.

- Helpline 0300 123 66 00 (24 hours)
- www.talktofrank.com

Get Connected
Free, confidential telephone helpline service for young people, who need help but don't know where to turn

- Freephone 0808 808 4994
- www.getconnected.org.uk

Harmless
Self Harm Support at Harmless providing a range of services about self harm including support, information, training and consultancy to people who self harm

- www.harmless.org.uk/

Hearing Voices Network
Information and support for people who hear voices, see visions or have other unusual perceptions

- Phone: 0114 271 8210
- www.hearing-voices.org

Karma Nirvana
Supporting victims of honour crimes and forced marriages

- Helpline 0800 5999247
- www.karmanirvana.org.uk

LifeSIGNS
Self-injury guidance and Network Support

- www.lifesigns.org.uk

MIND
Advice, information and support for anyone experiencing a mental health problem

- MIND Infoline 0300 123 3393
- www.mind.org.uk

National Self-Harm Network
On-line support forum for people who self-harm, provides free information pack to service users

- www.nshn.co.uk

NSPCC
Information, advice and support services about preventing child abuse.

- NSPCC professionals helpline 0808 800 5000
- www.nspcc.org.uk

PAPYRUS Prevention of Young Suicide
Provides a range of services including information, advice and support to help reduce young suicide

- Helpline HOPEline UK 0800 068 41 41
- www.hopelineuk.org.uk

Relate Safe Speak
Counselling and support for 5 to 18 year olds living in Derby, Erewash and Chesterfield. Relate also offers family and adult counselling.

- For more information phone 0800 0935264 or 01332 349301
- www.safespeak.org.uk

RU-OK
RU-OK is about young people helping themselves - coping with common, and sometimes serious problems, as well as using your strengths

- www.ru-ok.org.uk – new website launching soon www.ruok.org.uk

Samaritans
Confidential emotional support for anybody in crisis. Samaritans volunteers listen in confidence to anyone in any type of emotional distress, without judging or telling people what to do

- Free helpline 116 123
- www.samaritans.org.uk

The Butterfly Project
An anonymously run blog supporting young people with coping techniques which include drawing butterflies around cut marks.

- www.butterfly-project.tumblr.com

The Site
The Site is an online 24/7 guide to life for 16 to 25 year-olds. It provides non-judgmental support and information on everything from sex and exam stress to debt and drugs. Online advice, forums apps and tools

- www.thesite.org

Young Minds
Range of information, advice, support services for young people, parents and professionals to improve the emotional well-being and mental health of children and young people.

- Parent helpline 0808 8025544
- For young people http://www.youngminds.org.uk/for_children_young_people

Youth Access
A national membership organisation for youth information, advice and counselling agencies. Provides information on youth agencies to children aged 11-25 and their carers but does not provide direct advice.

- Visit www.youthaccess.org.uk to search their directory of services for help in your area

Useful Publications

Adolescent self-harm AYPH Research Summary No 13 (March 2013) Ann Hagell, Association for Young People's Health
http://www.ayph.org.uk/publications/316_RU13%20Self-harm%20summary.pdf

Adolescent Mental Health AYPH Research Update No 16 summary (February 2014) Ann Hagell Association for Young People's Health
http://www.ayph.org.uk/publications/533_Mental%20health%20RU%20Feb%202014%20public.pdf

Factsheet: Key facts and trends in mental health update (2014) The NHS Confederation's Mental Health Network
http://www.nhsconfed.org/Publications/Factsheets/Pages/facts-trends-mental-health-2014.aspx

Managing self harm in young people (June 2014) Royal College of Psychiatrists College report CR192
http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf

On the edge Childline spotlight: suicide (2013) Childline/NSPCC
https://www.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf

Resilience and Results; how to improve the emotional wellbeing of children and young people in your school (2012) Children and young people's mental health coalition
http://www.cypmhc.org.uk/media/common/uploads/Resilience_and_Results.pdf

Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care (2014) NICE Guidance CG 16 https://www.nice.org.uk/guidance/cg16/informationforpublic

Self-harm: longer-term management (2011- reviewed 2014) NICE Guidance CG 133 http://www.nice.org.uk/guidance/CG133

Self-Harm in Children and Young People – Handbook (2011) National CAMHS Support Service workforce programme http://www.chimat.org.uk/resource/item.aspx?RID=105602

Tackling Stigma – a practical toolkit (2011) National CAMHS Support Service workforce programme http://www.chimat.org.uk/tacklingstigma

Talking Self Harm (2012) Cello Group/ Young Minds http://www.cellogroup.com/pdfs/talking_self_harm.pdf

Truth Hurts - Report of the National Inquiry into self-harm among Young People (2006) Mental Health Foundation http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-mental-health/mentalhealthfoundation/truth06.aspx

Resilience Handout - Young Minds https://www.youngminds.org.uk/assets/0000/1399/Resilience_handout.pdf

Risk Factors Handout - Young Minds https://www.youngminds.org.uk/assets/0000/1383/Risk_factors_handout_Looked_After_Toolkit.pdf

Research articles

Repetition of self-harm and suicide following self-harm in children and adolescents: findings from the Multicentre Study of Self-harm in England (2012) Keith Hawton, Helen Bergen, Navneet Kapur, Jayne Cooper, Sarah Steeg, Jennifer Ness, and Keith Waters, Centre for Suicide Research, University of Oxford, Oxford, UK; Centre for Suicide Prevention, University of Manchester, Manchester, UK Derbyshire Healthcare NHS Foundation Trust, Derby, UK http://www.antoniocasella.eu/salute/Suicide_Australia_2012.pdf#page=37

Epidemiology and nature of self-harm in children and adolescents: findings from the multicentre study of self-harm in England (2012) Keith Hawton, Helen Bergen, Keith Waters, Jennifer Ness, Jayne Cooper,Sarah Steeg & Navneet Kapur, European Child & Adolescent Psychiatry ISSN 1018-8827, Eur Child Adolesc Psychiatry DOI 10.1007/s00787-012-0269-6 http://www.psych.ox.ac.uk/publications/320422

Self-harm in young people (2014) Ellen Townsend Self-Harm Research Group, School of psychology, University of Nottingham, University Park, Nottingham NG7 2RD, UK; Ellen.Townsend@nottingham.ac.uk published in clinical review *Evid Based Mental Health* 2014 17: 97-99 http://ebmh.bmj.com/content/17/4/97.full.pdf+html

Self-harm in young adolescents (12–16 years): onset and short-term continuation in a community sample (2013) Paul Stallard, Melissa Spears, Alan A Montgomery, Rhiannon Phillips and Kapil Sayal http://www.biomedcentral.com/1471-244X/13/328

Appendix 8 Multi agency self harm decision making guidance 'do's and don'ts' /information for practitioners/Important contacts

Do's and Don'ts

- **Confidentiality** – advise the young person that depending on the risks and their understanding of them you may need to pass on information to their parents/carers, your manager, CAMHS – don't surprise them with this.
- **Listen** - just being listened to can be a brilliant support and bring great relief to the young person, particularly if they have never spoken to anyone about their self-harming before. The fact they have chosen you means they feel comfortable speaking to you. Don't be seen to 'pass them on'.
- **Take them seriously** – do not ignore or dismiss the feelings or behaviour nor see it as attention-seeking or manipulative. Do not be judgmental. Do not disempower the young person. Most people who self harm are not suicidal, but people who self harm are more likely to accidentally complete suicide.
- **Stay calm** - it may be uncomfortable listening but try not to let your own emotional response prevent you from hearing what the young person is saying and what their body language is telling you. Talking about self harm and suicide does not increase the risks!!!
- **Clarify** whether or not there are immediate needs for medical attention or to keep the young person safe and respond accordingly.
- **Do not act in haste** – give them time to try to find out what is causing the distress and what will be of help, taking away a method such as blades sometimes can put the young person at greater risk of harm as if they have not developed alternative coping strategies. They may try riskier means of self harm – get advice from your line manager or CAMHS.
- **Do not keep it to yourself** – with advice from your line manager or other colleague, form a view about the level of risk, whether or not there may be a mental health problem or other significant concern requiring an onward referral.
- **Ensure you follow the DSCBs' safeguarding children procedures and your agency's own procedures** regarding confidentiality, recording and decision-making, including determining what actions are to be taken i.e. early help assessment or referral to Children's Social Care when there are complex/serious needs or child protection concerns.
- **Make sure you are available for the young person for the following few days/weeks.** If you are not available make sure they know where to seek support from.
- **Seek advice and support for yourself** from your line manager and/or CAMHS.
- **Complete your agency's incident report form.**

In order to try to help you see how urgent the situation is try and find out:

- Who else knows about it?
- How is the young person self-harming i.e. cutting, overdosing, burning, ligaturing?
- Where on the body is the self harm?
- Have they self harmed previously? If so what happened i.e. did they require medical attention?
- Are they, or have they been open to mental health services?
- Are they planning on doing it again soon?
- Do they feel hopeless or helpless about the future? Do they have anything to look forward to?
- Are they feeling like they no longer want to be alive? Do they have a plan in place to end their life?

Decision making guidance

Remember: No two people self-harming are the same. Every one self-harms for different reasons and with different intent. Most people who self harm are not suicidal or a risk to other people. Every episode of self harm should be treated individually.

If you come into contact with someone you know is, or believe to be self harming…

- **Take advice from your manager and adopt a 'Team Around the Child' approach if:**
  - They do not appear distressed
  - They are cooperative, communicative and making good eye contact
  - Have a supportive non-judgmental social network
  - They are talking positively about the future and have things they are looking forward to
  - There was no suicidal intent behind the act of self-harm

  This would include completing an Early Help Assessment (EHA), which would then identify the child's needs and facilitate referral to any support services.

- **Get advice from a GP/111 if:**
  - If you are in doubt about physical health needs as a result of self harm

- **Get advice from CAMHS if:**
  - You believe the child/young person was attempting to complete suicide
  - The child or young person thought the act of self harm would result in serious injury
  - There has been escalation in method from previous self-harm i.e. cutting on a forearm has moved to cutting near arteries
  - You believe a child or young person has a plan in place to end their life and there is a possibility they could act on this

- **Refer to Children's Social Care if:**
  - The child and/or family have serious or complex social needs which need further assessment or intervention
  - There is an indication or suspicion that abuse or exploitation may be present
  - Support around the child and family is failing to reduce the risk for the child

- **Take to A&E or call an ambulance if:**
  - It is reported to you, or you have observed a child overdosing or ligaturing
  - You believe the child/young person requires medical attention due to uncontrollable bleeding
  - You believe there is a possible risk to life as a result of self-harm
  - You believe a child or young person has a plan in place to end their life and there is a likelihood they will act on this

- **Call the police if:**
  - You think a child or young person is at imminent risk of suicide

If ever you are in doubt you have a duty to safeguard the young person and CAMHS are there to give you support and advice. This does not mean they will assess every young person face to face, but will support you in decision making where required.

Important contacts

Own agency safeguarding lead/s	
School nurse (usually contactable through school or college)	
CAMHS	• South County 01332 623726 • North County CAMHS 01246 514412 • Tameside & Glossop CAMHS 0161 716 3600
Children's Social Care	• Derbyshire via Call Derbyshire/Starting Point 01629 533190 • Derby via First ContactTeam 01332 641172 or out of hours via Careline 786968
Derbyshire Police	• Non urgent 101 • Emergency 999
Health	• Non urgent 111 • Emergency 999
Derby and Derbyshire Safeguarding Children procedures, including Threshold document, Providing early help, Making a referral to Social Care and CSE procedures	Directlink: http://derbyshirescbs.proceduresonline.com/index.htm Or via LSCB websites: • Derby Safeguarding Children Board www.derbyscb.org.uk • Derbyshire Safeguarding Children Board www.derbyshirescb.org.uk •
Childline (NSPCC)	**0800 1111**