

Educational Psychology Service

Young People and Self-Harm : Guidance for Schools

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INTRODUCTION

This guidance has been written to support school staff working with young people around the issue of self-harm. It has been written in collaboration with specialist colleagues from the Child and Adolescent Mental Health Services (CAMHS) - Rebecca Stevenson and Marie Armstrong. This guidance draws upon the excellent guidance from Northamptonshire's Children and Young People's Partnership (2009) *Supporting Children and Young People who Self-Harm: Guidelines for School Staff*.

Whilst the emphasis of the document is about supporting schools and their staff, we have shared useful resources to be used for signposting young people, their friends and their parent/carers to further sources of support.

The guidance aims to:

- (i) build knowledge and understanding of self-harm
- (ii) develop confidence in those adults within school about how to support the issue
- (iii) clarify the respective roles of the range of professionals involved
- (iv) support young people who self-harm to access appropriate support and information

"When I harm myself all of the tension I feel inside is relieved, albeit for a short space of time. The relief I feel is such a contrast to the anger and hurt inside that I want to do it again and again. Harming myself has become a habit". (Voice of a young person)

WHAT IS SELF-HARM?

Self-harm is any behaviour or action where the intent is to cause self-harm. The types of behaviours which have most commonly come to be associated with self-harm include:

- cutting the skin, for example on forearms, thighs and stomach
- scalding, for example, directing hot water at a focused point on the skin or inappropriate use of ice
- burning, either physically or chemically
- inserting sharp objects into the skin or body orifices
- hitting and head banging
- picking skin
- scratching
- pulling out hair
- breaking bones
- overdosing
- swallowing toxic substances
- self-strangulation
- risky sexual behaviour
- episodes of alcohol or drug abuse
- over or under medicating e.g. misuse of insulin
- over/under eating at times may be deliberate acts of self-harm

It is important to focus on the function the behaviour serves.

"It is widely accepted that self-harm is a response to profound emotional pain that the young person cannot resolve in another, more functional way. It is a way of dealing with distress and feelings that are too difficult to cope with and which the young person cannot express in any other way. The self-harm is often a way of releasing feelings of self-hatred, anger, sadness and depression. Through self-harm young people can alter their state of mind and gain some respite from what is troubling them" (Mental Health Foundation, 2006).

Self-harm may be thought of as a short-term way of coping with emotional distress or other problems; whilst it does not change the underlying causes of the distress, it does provide short-term relief from the distress. However, it is important to address the underlying causes and find alternative coping strategies.

“Other people can’t imagine hurting themselves, they can’t bear the pain. At least when I’m hurting myself I’m feeling something, when the rest of the time I feel like I’m dead.” (Voice of a young person)

WHY DO YOUNG PEOPLE SELF-HARM?

People self-harm for several reasons; including 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. Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time. Public Health England (2016) identified that people who self-harm were a hundred times more likely to die by suicide in the year after the self-harm when compared to the general population.

The particular type of behaviour used to self-harm may follow a local trend, may differ in different cultural or social groups or may reflect a current soap-opera storyline. The danger is for such ‘fashionable’ or ‘stereotypical’ behaviour to be treated less seriously.

Self-harm can be transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer-term pattern of behaviour that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater. Some young people get caught up in mild repetitive self-harm, such as scratching, which may be carried out within 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. It is also important to address any underlying issues/distress to help prevent increased self-harm

‘...an expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm, however, vary greatly from person to person. In addition, the reason a person harms him or herself may be different on each occasion, and should not be presumed to be the same.’

(NICE, 2004)

THE CYCLE OF SELF-HARM

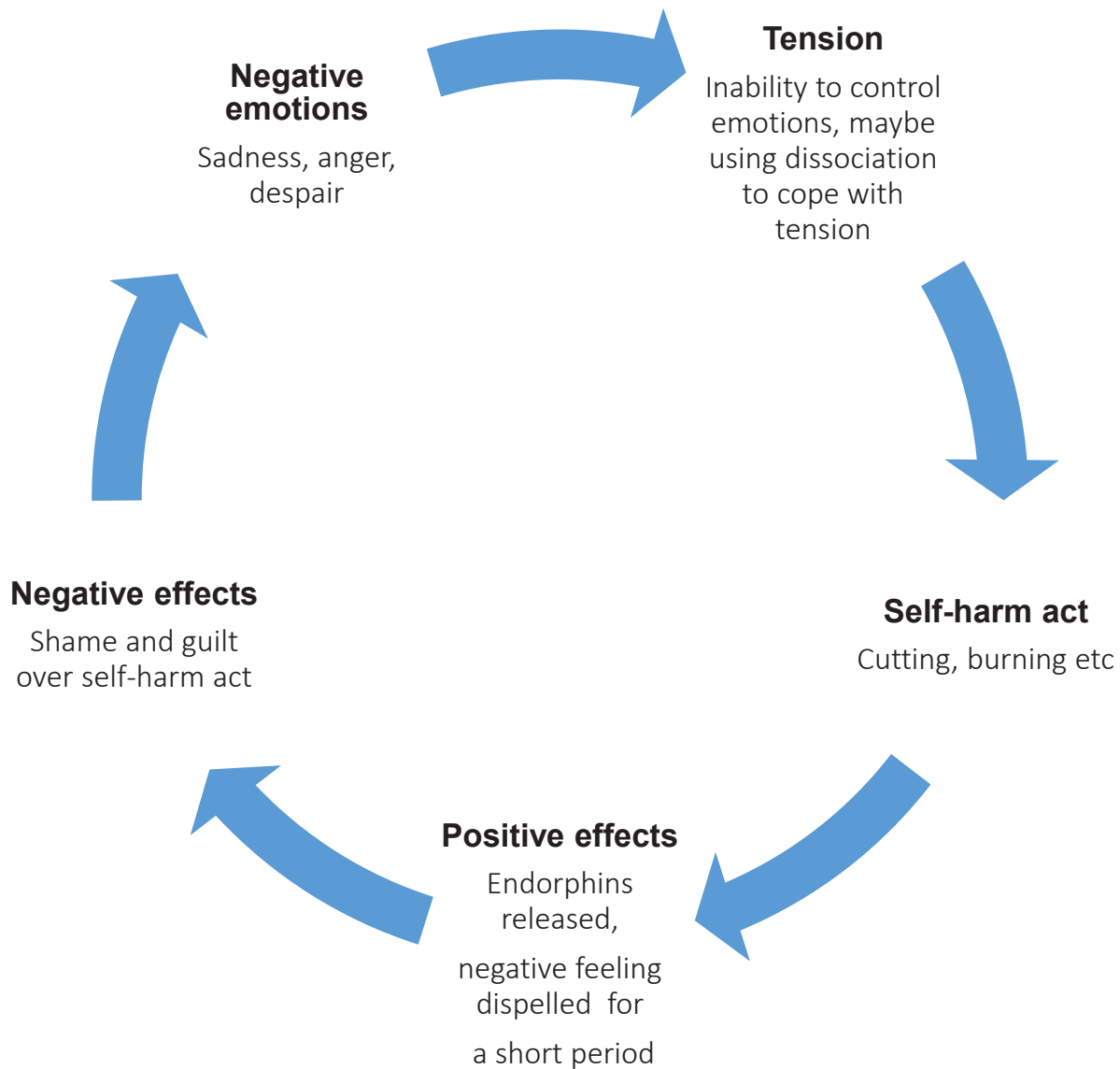


Fig 1: Cycle of self-harm (Life Centre UK)

PREVALENCE AND INCIDENCE

Many young people who self-harm try to conceal the fact of their self-harming behaviour so this makes it difficult to speak with absolute confidence about rates of incidence. However, reports issued since 2000 consistently appear to report an increase in the proportion of young people who are self-harming. ChildLine reported a 68% increase of calls regarding self-harm in 2013-2014. In 2014, there was a reported 70% increase in 10-14 year olds attending A&E for self-harm related reasons in just a 2 year period (Self-Harm UK).

Public Health England (2016) reported that self-harm is an issue for 1 in 10 young people. The same governmental department reported that self-harm resulted in 150,000 attendances at Hospital Emergency Departments at a cost of £40 million pounds.

The most recent Public Health England Children and Young People’s Mental Health Profile published in August 2017 identified that hospital admissions as a result of self-harm for 10-24 year olds in Nottinghamshire are significantly higher than the rate for England (473 per 100,000 population versus 430 per 100,000 population). For 10-14 year olds and 20-24 years olds the local and national rates are broadly comparable. However, admissions for 15-19 year olds living in Nottinghamshire are significantly higher than the national rate for England (751 young people compared with 648 per 100,000 population).

It is important to recognise that most young people who self-harm do not access acute services and it is often first noticed by people around them: friends, family or teachers. Therefore, the whole community has a role to play in understanding and supporting young people who self-harm.

HOW DO YOUNG PEOPLE MAKE SENSE OF THEIR SELF-HARMING BEHAVIOUR?

An individual’s level of understanding of their self harming behaviour varies:

“By harming myself I can briefly ‘shut out’ or ‘shout down’ worse feelings associated with the events in my life. And it’s not just the big things that make me feel like this. Sometimes it is all the little things happening at once that push me over the edge. For me, self-harm is a way of coping. When I feel like this, what else can I do?”

“When I am hurting myself I feel that I am in control when so much of the rest of the time I feel out of control. Others control my life, but they can’t stop me doing this, and most of the time they don’t even know that I’m doing it. When I try to think about how I feel emotionally, I get overwhelmed, but when I’m cutting myself, I choose how deep to cut and how much pain I can take”.

“Some people think that I hurt myself just to get attention or as a way of threatening them. That’s rubbish! I know that it scares them, or makes them think I’m a freak, but sometimes I just can’t help it. Sometimes I hide it from them, and sometimes I let them know – I want help, not criticism”.

Despite young people having differing reasons for their behaviour, gaining an increased understanding of their behaviour (and the function it serves) is the first step in their ability to exert more appropriate control over their own emotions and behaviour.

FACTORS ASSOCIATED WITH SELF-HARM

Researchers have tried to isolate those factors which are most commonly associated with self-harm. They do not cause self-harm, but they give us clues in identifying particularly vulnerable groups of young people.

Personal factors	Family factors	Social Factors
Depression/anxiety	Unreasonable expectations	Difficulty in making relationships/loneliness
Poor communication skills	Neglect or abuse (physical, sexual or emotional)	Persistent bullying or peer rejection
Poor problem-solving skills	Poor parental / care-giver relationships and arguments	
Drug or alcohol use	Depression, self-harm or suicide in the family	
Hopelessness		
Lack of sense of belonging	Domestic violence	

Impulsivity

EVENTS WHICH MAY TRIGGER A SELF-HARM EPISODE

- Family relationship difficulties (the most common trigger for younger adolescents)
- Difficulties with peer relationships, e.g. break-up of relationship (the most common trigger for older adolescents)
- Bullying
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other students (contagion effect*)
- Self-harm portrayed or reported in the media
- Difficult times of the year, e.g. anniversaries
- Getting into trouble in school or with the police
- Feeling under pressure from families, school or peers to conform/achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce

**Contagion effect - When a young person is self-harming it is important to be vigilant in case close contacts are also self-harming. Occasionally schools identify that a number of young people in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress and could potentially increase peer identity.*

WARNING SIGNS

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
- 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)

THE ROLE OF SCHOOLS WORKING WITH YOUNG PEOPLE WHO SELF-HARM

The Mental Health Foundation/Camelot Foundation (2006) suggest that probably 2 young people in every secondary school classroom have self-harmed at some time. Given the prevalence self-harming behaviour amongst the school-age population, schools should adopt an approach which is proactive and responsive. The school as an organisation needs to consider the following:

- Schools are well placed to actively promote resilience and provide sources of support towards alleviating distress (Public Health England 2016)
- Such issues should be considered at a whole-school level

- A curriculum and school practices that actively promote emotional well-being and mental health, and a mechanism for identifying those factors in school which might undermine well-being
- A school culture where relationships between staff and pupils that are respectful, empathic, non-judgemental and nurturing. It is not enough that adults in school are ‘happy to help, if needed’, but they should see their role as being one where establishing and maintaining an open and trusting relationship. Sometimes some children won’t ask for help, staff may need to approach them
- Since other young people are likely to be the first to notice self-harming behaviour, it will be important that awareness-raising of the school’s approach to self-harm involves the whole school population and there should be clear pathways available to young people who have a concern about a peer or friend to share a concern and access resources (see resources)
- Create a climate of openness where peer support schemes such as peer mentoring are available and consider pupils having access to counselling-type support is available (DfE guidance)
- Prioritise appropriate self-harm training for all staff – including front line staff on reception, midday supervisors, maintenance staff and regular supply staff. Within Nottinghamshire, CAMHS have a Primary Mental Health Team who can provide this training free of charge to schools, school nurses (Health Families 0-19 formerly school nurses) and GPS (see resources)
- The related EPS (2015) guidance ‘*Life is for Everyone – Supporting pupils who present with suicidal feelings: A guide for school staff*’ provides further information about promoting pupil resilience through policies and procedures. This is available from your link EP
- Appendix 6 provides a checklist for schools to use for the purposes of self-evaluation

“If there had been people to talk to at school then maybe I wouldn’t have felt the need to start self-harming then.”
(Voice of a young person)

What appears to be important for many young people is having someone to talk to who listens properly and does not judge. This person may be, for example a mentor, counsellor, youth worker, school nurse, teacher, special educational needs coordinator, behaviour support teacher, or someone that the young person chooses to talk to. See the person, not the problem. Talk in a genuine way. Address them as you would wish to be addressed. e.g. (i) *‘I’ve noticed that you seem bothered/ worried/ preoccupied/troubled. Is there a problem we can talk about more?’* (ii) *‘I’ve noticed that you have been hurting yourself and I am concerned that you are troubled by something at the moment.’* (iii) *We know that when young people are bothered/troubled by things, they cope in different ways and self-harm is one of these ways. I’d like to share some information with you and signpost you to people who understand the issues and who can support you....*

WHEN DEALING WITH AN INDIVIDUAL WHO HAS SELF-HARMED

When working with a young person consider the following and refer to the Nottinghamshire Self-harm Care Pathway (Appendix 1a) and Dos & Don’ts prompt sheet (Appendix 1b) on pages 11 and 12.

It is imperative that the self-harming behaviour is not seen as being socially manipulative behaviour, but rather a manifestation of the young person’s distress. To treat self-harm as socially manipulative is blaming and is more likely to make it worse.

Agree with the young person who else might need to be involved to support them. In reaching this agreement, staff will need to keep in mind a young person’s right to confidentiality as well as the duty of care staff have towards a young person. It is preferable for the young person to feel that they retain some control over what happens next, not least because the prospect of stopping the self-harming behaviour is likely to trigger feelings of losing control. A key decision the school will need to make with the young person will be to agree when parents or carers are to be told about the self-

harm. Therefore, follow the school and local authority safeguarding procedures and involve the Designated Teacher for Safeguarding in this decision making process.

CONFIDENTIALITY AND INFORMATION SHARING

Confidentiality can be a key concern for young people, but they need to know that it may not always be possible for a member of staff to offer complete confidentiality.

Age, consent and confidentiality

Whilst recognising that schools operate differently, all schools should follow existing safeguarding protocols. Colleagues from CAMHS have provided clarification about the issue of age, consent and confidentiality with regards to their service and this is helpful to inform teachers about their response.

Young people aged 16 or over are presumed to have capacity to consent unless it is assessed that they do not have capacity. They may consent to having treatment and be happy for parents/carers to be involved - this would be best practice.

If young people do not want their parents to be involved then this right to confidentiality has to be weighed up against risk. For example, the confidentiality of a young person may be honoured in the case of self-harm e.g. superficial cutting (where there may be no immediate/significant risk). However, if the young person is deemed to be a high risk of suicide then, despite treatment compliance, risk management may over-rule rights to confidentiality and parents/carers would be informed.

It is important to know why the young person does not want their parents to know and if there is another adult they can tell/involve.

If the young person is refusing treatment and there are concerns of a high risk of suicide then a Mental Health Act assessment should be requested as if the young person has a mental health disorder then they may need to be assessed and treated against their will.

It is important to follow existing safeguarding procedures and protocols for the setting and the local authority.

Supporting a young person who is self-harming is emotionally demanding. Schools should create a network of support within school and involve people outside of school. There needs to be clear, commonly agreed procedural guidelines stating who is to support members of staff, how and when.

SUPPORT FOR THE YOUNG PERSON WHO IS SELF-HARMING

For some young people, self-harm expresses the strong desire to escape from a conflict or unhappiness. In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs.

Parents/carers in Nottinghamshire can request Counselling and Support for Young People (CASY) www.casy.org.uk. CASY is a free service in Nottinghamshire for 6-25 year olds.

Young people aged between 11-25 years, can now self-refer to the online counselling service provided from Kooth www.kooth.com (see resources section).

‘Harmless’ are an user led organisation that provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends and families and professionals.

Social support, connections and friendship are protective factors and bolster resilience so if the young person joins a group activity such as a youth club, a keep-fit class or a school-based enrichment activity that will provide opportunities for the person to develop friendships, increase self-esteem and feel better about themselves.

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 support coping better by boosting the protective factors in the young person's life.

Replacing the cutting or other self-harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Appendix 2b provides information for young people about what has worked to support other young people in the same situation. External resources and support networks are available on-line and via helplines (see Appendix 2a).

WHO TO GO TO AND WHEN...

The Role of the Hospital Emergency Department

Schools should make decisions about when a young person is taken to hospital depending on the severity of the injury, regardless of whether the injuries suffered have been self-inflicted. If a young person has taken an overdose, they **always** need to be taken to hospital.

The Role of Child and Adolescent Mental Health Service (CAMHS)

Some young people who self-harm do not require specialist mental health input. For example, young people who self-harm superficially in response to a specific stressful event, but are generally functioning well, can be monitored and supported within school. The CAMHS Primary Mental Health Team are available for consultation with school staff regarding issues of self-harm – see resources section for contact details for the different locality teams.

If there is an imminent threat to life, the CAMHS Single Point of Access 0115 8542245 can be contacted to discuss the perceived level of risk and identify any potential role for the CAMHS Crisis team.

The Role of the Health Family Team 0-19 (formerly School Nursing Service)

This service which now incorporates former schools nurses and health visitors covers children and young people aged 0-19 years. There is a named Public Health Practitioner linked to each school who can be contacted to discuss concerns and plan the next steps. These teams are geographically based and information about the team covering your school can be found on www.nottinghamshirehealthcare.nhs.uk/healthy-family-team. Each locality has a duty practitioner who can field calls and queries.

The Role of Early Help and MASH

Family relationship difficulties have been identified as one of the most common trigger for younger adolescents. Therefore, if such underlying factors are contributing to the young person's self-harm then it may be appropriate to refer to the Early Help Unit (0115 8041248). With any potential safeguarding concern then school staff should refer to the NSCB Pathway to Provision to see how any potential concerns relate to thresholds for involvement of EHU or whether a referral to MASH is appropriate (0300 5008090). See Appendix 1a on page 12 for the Nottinghamshire Self-harm Care Pathway.

The Role of the Educational Psychology Service

The Educational Psychology Service is well placed to support a school to look at their systems and procedures around emotional health and well-being in terms of managing such cases. Systemic work can be requested at the termly Springboard meeting when schools are asked to identify their priorities for work at an organisational level.

REFERENCES

Educational Psychology Service (2015) *Life Is For Everyone – Supporting Pupils Who Present with Suicidal Feelings: A Guide for School Staff*. Please contact your link EP for these resources

Life Centre Understanding the Cycle of Self-Harm: Available from www.lifecentre.uk.com/dealing-with-the-effects/self_harm.html

Mental Health Foundation (2006). *Truth Hurts: Report of the National Inquiry into Self-harm among Young People*. London, UK: Mental Health Foundation. www.mentalhealth.org.uk/publications/truth-hurts-report1

National Institute for Health and Care Excellence (2004) *Self-harm in the over 8s, short-term management and prevention of recurrence*. www.nice.org.uk/guidance/cg16

Northamptonshire Children and Young People's Partnership (2009) *Supporting Children and Young People who Self-Harm: Guidelines for School Staff* <http://www.northamptonshire.gov.uk/councilservices/children-families-education/young-northants/health/Pages/self-harm.aspx>

Public Health England (2016) *The Mental Health of Children and Young People in England*. www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/mental_health_of_children_in_england

Public Health England (2017) *Children and Young People's Mental Health Profile*

The remainder of the document is specifically designed to signpost school staff, young people who self-harm, their families and peers who may be concerned about a friend to potential sources of information and support. These pages can be freely copied and circulated as required.

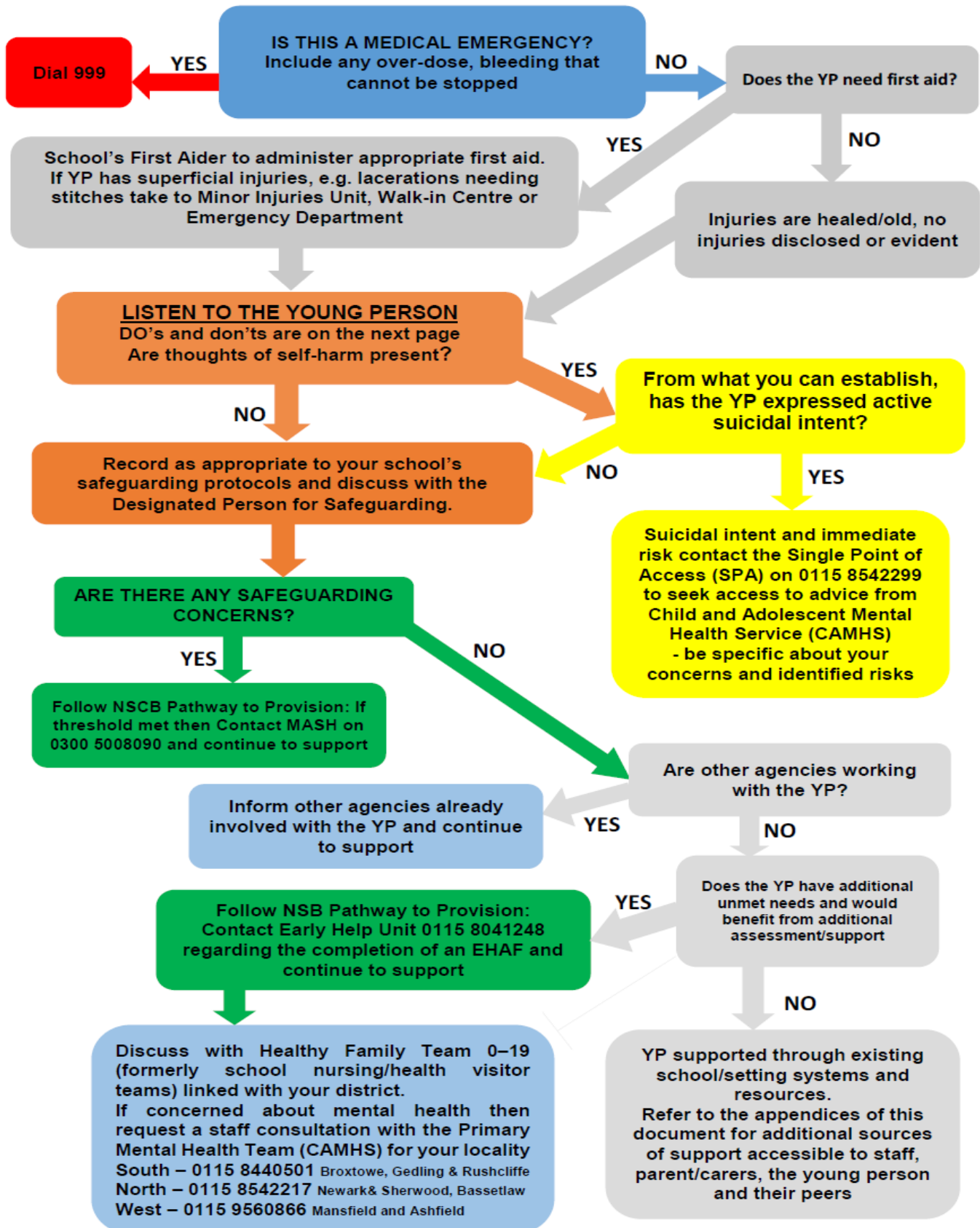
SIGNPOSTING: WITHIN NOTTINGHAMSHIRE

- **CAMHS Single Point of Access (SPA)** – 0115 8542299
- **PRIMARY MENTAL HEALTH TEAM CAMHS** www.nottinghamshirehealthcare.nhs.uk
North Community – Newark, Sherwood and Bassetlaw based at 65 Northgate, Newark, NG24 1HD Tel: 0115 8542217
South Community – Broxtowe, Gedling and Rushcliffe based at Thorneywood, Porchester Road, NG3 6LF 0115 8440501
West Community – Mansfield and Ashfield based at 3-5 Lindsay Close, Mansfield, NG18 5TF 0115 9560866
Training and Primary Mental Health Lead Rebecca Stevenson 0115 8440501
- **KOOTH on-line counselling** is a free counselling service which is accessible to young people aged 11-25 living within Nottinghamshire www.kooth.com
- **Harmless** is a user led organisation which provides support, information, training and consultancy around self-harm. www.harmless.org.uk. Harmless run The Tomorrow Project which is a confidential suicide prevention programme www.nspa.org.uk
- **Counselling and Support for Young People (CASY)** Parents/carers in Nottinghamshire can request support from Counselling and Support for Young People (CASY) www.casy.org.uk. CASY is a free service in Nottinghamshire for 6-25 year olds. Schools can commission counselling in schools

SIGNPOSTING: NATIONALLY

- **ChildLine 0800 1111** 24 hours free helpline for young people up to age 19 www.childline.org
- **Samaritans** Confidential support for anyone in crisis. Call free on 116 123 24 hours www.samaritans.org.uk
- **Young Minds** www.youngminds.org.uk Information on a range of subjects relevant to young people
- **The National Self-harm Network** campaigns for the rights and understanding of people who self-harm. Provides free information packs to users of the service. www.nshn.co.uk
- **Self-harm UK** www.selfharm.co.uk
- **Mind Ed** <https://www.minded.org.uk/>
- **PAPYRUS** (Prevention of Young Suicide) offers a helpline to give support, practical advice and information (up to age 35) and anyone who is concerned about the suicide risk to young person. Hopeline UK 0800 068 4141 www.papyrus-uk.org
- **NSPCC Self-harm** - Your guide to keeping your child safe www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm
- www.healthforteens.co.uk has specific guidance on self-harm

Appendix 1a: SELF-HARM CARE PATHWAY FOR CHILDREN LIVING IN NOTTINGHAMSHIRE



Appendix 1b: DO TRY TO AND DON'T....

Do try to....	Don't.....
Stay calm – aim not show anxiety or disapproval	Don't panic - you need to provide emotional containment at this point
Listen – just being listened to can be a brilliant support and bring great relief to someone	Don't send the child away – create time to help them identify the next step.
Listen intently – calmly ask any relevant questions – try and build rapport with the young person, whilst you ascertain what is happening for them	Don't be judgemental – keep an open mind and resist considering the behaviour attention seeking
Observe the young person's non-verbal clues – look at their body language – does what they say and what you see match up? What is their underlying mood state – anger? Sadness? Frustration?	Don't tell the young person not to do it again or ask them to promise you that that they won't
Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell	Don't ignore any mention of suicide. Remember most episodes of self-harm have nothing to do with suicide. However the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours. If there is an imminent risk then call CAMHS SPA on 0115 854 2299
Think carefully before you act – what is in the best interest of the young person	Don't worry if you need to identify with the young person who might else be helpful to involve
Treat a suicide intention as an emergency, do not leave the young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm	Don't forget to be guided by safeguarding policies and school and Local Authority procedures
Give reassurance if you find a young person who has self-harmed and follow the first-aid and safeguarding guidelines as directed by school policy	Don't forget to document any discussions and share with the Designated Teacher for Safeguarding
Discuss with the young person the importance of letting his or her parents/carers know and any fears he or she may have about this. Contact the parent/carers if safeguarding concerns outweigh confidentiality	Don't forget to record any incident and log with the designated teacher and on school systems - record who you spoke to, the time, date and any advice they have given you to follow
Contact parents/carers, unless it places the child or young person at further risk (refer to Child Protection Procedures). Discuss the concern and signpost parents/carers to resources to help them to understand the self-harm so they can be part of the way forward (see appendix 4)	Don't forget any over-dose always requires medical advice/attention irrespective of the dose
Have resources available that the young person can take away. This can help normalise it for the young person as they realise they are not the only one feeling this way	Don't forget an EHAF referral may be indicated
Think about the resources there are in school and the local community which could support the young person: this should include a plan agreed within school. A referral to the GP or school nurse may also be considered	Don't forget that the Primary Mental Health Team (CAMHS) provide training for school staff, public health practitioners (formerly known as school nurses) and GPs
Contact any other agencies who are already involved with the young person to support appropriately joined up working	Don't forget that the Primary Mental Health Team (CAMHS) can be contacted for a consultation with school staff (with consent from the young person and parents).
The Children & Young People's Service Safeguarding Team should be informed if the young person discloses child protection concerns. Follow the Area Child Protection Committee Guidelines. MASH can be contacted for advice 0300 5008090. Document any conversations you have had with other agencies	Don't forget to seek support for yourself after managing such as situation

Appendix 2a: SUPPORT FOR YOUNG PEOPLE

Self-harming includes lots of different ways of hurting yourself whatever the reasons for doing so. It is often impulsive and done without too much thought. It is a way a way of coping with or expressing overwhelming emotional distress. If you are unable to express these feelings, you may feel that cutting or burning yourself or turning to drugs or alcohol is the only solution. Self-harming will only ever be a temporary solution to the emotions you are feeling and it can become a negative cycle. That is why it is so important to get help as soon as you can.

Please talk to someone about your feelings. Your doctor, a school nurse or a trusted adult can help you find the right person to speak to. You can also talk to your school counsellor or a teacher for further support.

- **Text your school nurse** - for helpful and confidential advice, young people aged between 11-19 can text their Public Health Practitioner (school nurse) on 07507 329952
- **KOOTH on-line counselling** is a free counselling service which is accessible to young people aged 11-25 living within Nottinghamshire www.kooth.com
- **Papyrus** provide confidential help and advice to young people to prevent suicide www.papyrus.co.uk or 0870 170 4000
- **Calm Harm APP** – This App provides tasks that help support you to resist or manage the urge to self-harm. You can add your own tasks too and it's completely private and password protected www.stem4.org.uk
- **Young Minds** www.youngminds.org.uk 0808 8025544
- **Child line** 0800 1111
- **Samaritans 116 123** www.samaritans.org
- **Harmless** is a user led organisation which provides support, information, training and consultancy around self-harm. www.harmless.org.uk. Harmless run The Tomorrow Project which is a confidential suicide prevention programme www.nspa.org.uk
- www.healthforteens.co.uk has specific guidance on self-harm

IF YOU ARE NOT YET READY TO STOP, THEN STAY SAFE!



Alternative Coping Strategies: A number of young people report that they find alternative coping strategies and techniques useful. However it is extremely important to recognise the need for individual techniques otherwise this approach will not work. Overleaf are examples shared by other young people who have felt the urge to self-harm and managed it through lots of different, but safer ways (see Appendix 2b overleaf).

Appendix 2b: ALTERNATIVE COPING STRATEGIES

<p style="text-align: center;">Distraction Techniques</p> <ul style="list-style-type: none"> • Cleaning or tidying • Washing clothes • Playing games – cards/board games/ computer • Sports / exercise - walking/running/dance – exercise releases endorphins and can reduce anxiety • Gardening • Visiting, text or phoning a friend • Painting and drawing pictures/posters/cards • Writing letters • Puzzles which take brain power and divert you • Watching TV/DVD • Listening to music/Walkman • Going out – cinema or shopping • Get creative – sewing, knitting, collecting • Grab a balloon and blow! When you want to self-harm, blow up the balloon and by the time you have, the urge to self-harm may have passed 	<p style="text-align: center;">Comforting Techniques</p> <ul style="list-style-type: none"> • Hold a safe object • Sit in a safe place • Listen to soothing music • Sing favourite songs • Use perfume/hand cream • Spray room with fragrance • Use potpourri • Buy fresh flowers • Eat a favourite food or have a soothing drink • Have a bubble bath or soak your feet • Change the sheets on your bed • Stroke your pet • Wear comfortable clothes • Hug someone • Put lights on (to sleep) • Headphones – you don't need to attach them to anything, but can wear them if you don't want to be disturbed or you want to look pre-occupied or use them to listen to some music or a podcast
<p style="text-align: center;">Positive Emotional Techniques</p> <ul style="list-style-type: none"> • Read old letters • Look through old photos • Listen to emotional music • Watch funny/heart-warming film • Read a joke book • Say positive statements to self • Make an emergency bundle • Read your list of assets or strengths • Self-voice tape or cards to remember that times have been better before and will be again 	<p style="text-align: center;">Emotional Focusing</p> <ul style="list-style-type: none"> • List emotional triggers • Write poetry/prose regarding feelings • Paint/draw about emotions • Think about keeping a diary – you don't have to share this with anyone, but it may help you to recognise when and why you self-harm and when you don't • Discuss feelings with another person – family, friend or adult at school • Access the on-line help or counselling services yourself
<p style="text-align: center;">Relaxation Techniques</p> <ul style="list-style-type: none"> • Focus solely on breathing/breath deeply. Try the <i>Belly Bio</i> app and focus on your breathing • Focus on the position of your body • Relax each muscle individually • Listen to relaxation music • Listen to guided relaxation on tape • Meditation • Yoga • Massage hands, feet, head etc. Try relaxation techniques like yoga or meditation. These can help you get control of your feelings. 	<p style="text-align: center;">Alternative 'Safer' Forms of Self-Harm</p> <ul style="list-style-type: none"> • Hold ice in hand or rub ice on the skin where you might usually cut • Use a pencil or pen for drawing on skin it looks like scratch marks, but isn't permanent • Squeeze rubber ball • Listen to loud music • Rubber band on wrist – to snap when you have the urge to self-harm • Throw things/scream, punch cushions (in a safe space) • Stand under hot/cold shower • Snap/break sticks

Be inventive! What works for you? Stay safe!

Appendix 3: MY FRIEND HAS A PROBLEM WITH SELF-HARM – 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, 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

Help your friend to find someone who can help them

- ✓ Tell your friend about Kooth counselling. Anyone living in Nottinghamshire aged between 11-25, can now self-refer to the online counselling service provided from Kooth www.kooth.com
- ✓ If your friend is aged between 11 and 19 you can text your Public Health Practitioner (formerly School Nurse) for advice 07507 329952
- ✓ **Calm Harm APP** - The Calm Harm App provides tasks that help support a young person to resist or manage the urge to self-harm. They can add your own tasks too and it's completely private and password protected www.stem4.org.uk
- ✓ **Young Minds** 0808 8025544 www.youngminds.org.uk
- ✓ **Child line** 0800 1111
- ✓ **Samaritans** Their telephone number 116 123 does not appear on phone bills www.samaritans.org
- ✓ **Harmless** is a user led organisation which provides support, information, training and consultancy around self-harm. www.harmless.org.uk. Harmless run The Tomorrow Project which is a confidential suicide prevention programme www.nspa.org.uk
- ✓ www.healthforteens.co.uk has specific guidance on self-harm
- ✓ **Papyrus** provide confidential help and advice to young people to prevent suicide or 0870 170 4000 www.papyrus.co.uk

Appendix 4: INFORMATION FOR PARENTS/CARERS ABOUT SELF-HARM

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?

Public Health England (2016) estimates 1 in 10 young people will self-harm. It is more prevalent in girls and results in 150,000 Emergency Department attendances per year.

Is it just attention-seeking?

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, break-up 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:
 - ✓ Your GP or 111
 - ✓ In case of any overdose or emergency care then access your local Emergency Department
 - ✓ **Young Minds Parents Information Service:** 0808 802 5544 for parents of young people 0-25
 - ✓ **Samaritans:** 116 123 (free)
 - ✓ **PAPYRUS** HopeLine UK: Call 0800 0684141 or text 07786 209697
- Parents/carers in Nottinghamshire can request support from Counselling and Support for Young People (CASy) www.casy.org.uk. **CASy** is a free service in Nottinghamshire for 6-25 year olds.
- Young people, aged between 11-25, living in Nottinghamshire can now self-refer to the online counselling service provided from **Kooth** www.kooth.com

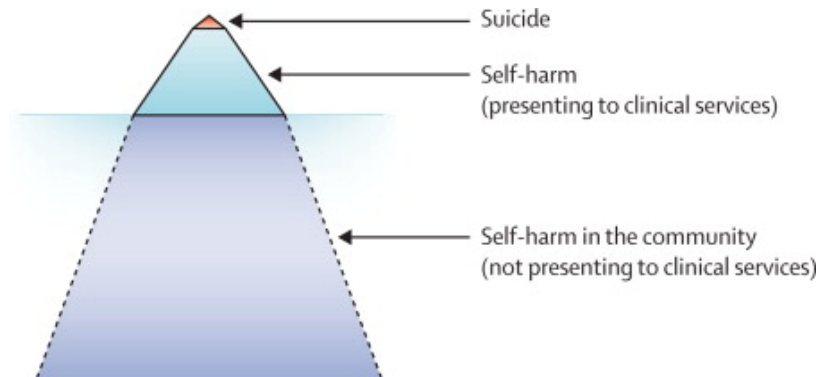
- **Coping with Self-harm: A Guide for Parents and Carers** This is a free, downloadable resource produced by researchers at the University of Oxford www.psych.ox.ac.uk and an excellent comprehensive resource and we'd recommend school signpost parents/carers to this document.
- **NSPCC Self-harm your guide to keeping your child safe** www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm
- Harmless is a local charity which support around issues to do with self-harm www.harmless.org.uk

Appendix: 5a: DISCUSSING SELF-HARMING BEHAVIOUR WITH AN INDIVIDUAL

School staff are not trained CAMHS professionals. However, school staff have experience of working with and communicating with young people.

School staff are of central importance in monitoring the wellbeing of young people, providing day to day support for young people for a wide variety of reasons and are a key provider of information for CAMHS referrals.

The greatest majority of young people who self-harm are not known to clinical services, the role of school staff is therefore critical in identifying distressed young people and those self-harming so appropriate help can be arranged.



Quick check assessment

This table supports members of staff to look beyond the words being used and reminds about areas to notice. This can be useful even when the young person is not yet at a stage where they can talk at length about the self-harming.

A	B	C	D	E
<p>Appearance and atmosphere:</p> <p>What you see first – everything, including physical problems.</p>	<p>Behaviour:</p> <p>What the individual is doing and if this is in keeping with the situation.</p>	<p>Communication:</p> <p>How the individual in distress is communicating, what they say and how they say it.</p>	<p>Danger:</p> <p>Whether the individual in distress is in danger and whether their actions put other people in danger.</p>	<p>Environment:</p> <p>Where they are situated, and whether anyone else is there who will either exacerbate the situation or offer support.</p>

Appendix 5b: GATHERING INFORMATION FROM A YOUNG PERSON

In gathering information from a young person, the adult in school is in a privileged position to hear such personal and powerful information from the young person who trusts them. As with similar discussions relating to safe guarding, it is important to be non-judgemental, not show shock or disbelief and be accepting of what a young person chooses to share. Avoid prompting or making suggestions and acknowledge throughout that talking about this is difficult and takes time. Be clear that you cannot promise confidentiality, but that any sharing will be done involving them and for carefully explained reasons.

On a practical level, ensure that you have protected time to spend with the young person and if you are interrupted make a judgement about whether to continue or to set and keep a further time to meet. At all points assess whether the person needs immediate medical care from what they are telling you.

Always share the discussion and notes with the designated person for safeguarding or a relevant colleague if you are the designated person.

“At school I did PE for 3 years whilst self-harming almost every day, and my cuts/scars were visible when in shorts and a polo shirt. During this time not one teacher asked me if I was ok or if I needed help.” (Holly now aged 25)

Simple things you can say:

- ✓ “I’ve noticed that you seem bothered/worried/preoccupied/troubled. Is there a problem you might?”
- ✓ “I’ve noticed that you’ve been hurting yourself and I’m worried that something is troubling you at present.”
- ✓ “We know that when young people are troubled by things that they cope in different ways and self-harm is one of them. I can share some information with you about possible sources of help that you can think about.”

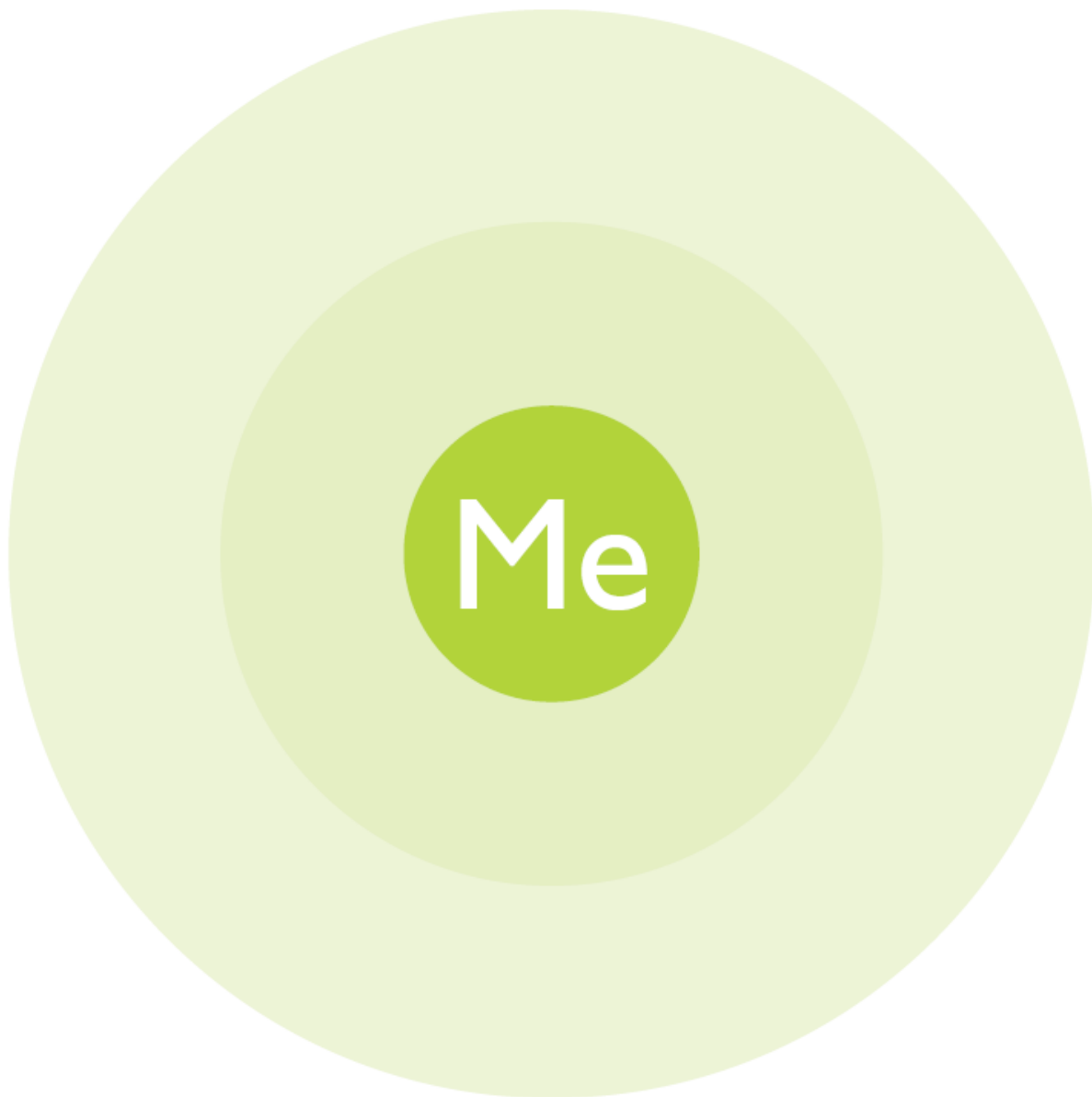
Asking about self-harm does not increase the behaviour, but showing that you care could make all the difference to a vulnerable young person.

Appendix 6: WHO CAN HELP ME AND WHAT CAN I DO TO HELP MYSELF?

This is a relationship circle. At the centre is you. The next ring holds your family and closest friends. The outer circle holds people who are also regularly in your life like teachers and peers you know less well but who you might see at clubs etc. Outside the circle is a whole host of organisations and sources of support which exist both locally, nationally and on-line. Look at appendix 2a for sources of support and add the ones you think you might want to explore more.

Try and think about people and things that support you. Add them to the circle and write what they can do to help. Think carefully about what you do to help yourself already. Look at appendix 2b to see what other ideas there are that people in your situation have tried.

Try and identify someone who you can talk to in circle 1 or 2 and who can check in with you.



Appendix 7: SELF-EVALUATION CHECKLIST FOR SCHOOLS

- ✓ The school has a policy or established protocol for supporting students who are self-harming or at risk of self-harming and this is reviewed regularly by Senior Leadership Team
- ✓ All staff are aware of said policy/procedures
- ✓ All staff have access to regular training child protection procedures
- ✓ New staff have access to child protection procedures as part of their induction
- ✓ All staff groups access training appropriate to their role e.g. first aider
- ✓ Staff with additional responsibility for pastoral management of pupils such as SENCO, Heads of Year have appropriate access to training about self-harm and identifying/supporting young people who self-harm
- ✓ Staff are aware of the self-harm care pathway and who has key roles in school e.g. first aider, designated teacher for safeguarding
- ✓ Staff are aware of the safeguarding protocols for the local authority and how these are applied in the individual school setting
- ✓ Staff are aware of sources of support e.g. MASH, CAMHS Single Point of Access if managing an incident
- ✓ All staff have had access to the EPS guidance 'Young people and self-harm- guidance for schools'
- ✓ All staff have access to the related guidance 'Life is for Everyone: Supporting pupils who present with suicidal feelings: A guide for school staff' from the EPS
- ✓ Schools have clear systems for recording concerns and appropriate pathways for these concerns to be communicated both within school and wider e.g. with external agencies
- ✓ School staff are aware of how they can support a young person who may be self-harming (Appendix 1a and 1b)
- ✓ School staff are aware of who in school can support them in the event of managing a self-harm incident
- ✓ School staff are aware of who will support them (debrief) after managing such an incident
- ✓ The school has an ethos which promotes the importance of emotional health and well-being
- ✓ The school signpost parent/carers to appropriate sources of support in the community and on-line relating to self-harm (see Appendix 4)
- ✓ The school provides information to young people who are self-harming who wish to have support with the issue – signposting support both within the setting, in the community and nationally (Appendix 2a and 2b)
- ✓ The school systems promote actively listening to, and supporting, peers who have a concern about a friend
- ✓ The school staff can signpost peers to sources of support for them to access independently (Appendix 3)
- ✓ The school can highlight to young people who are concerned about a parent/carer's mental health potential sources of support for their parents/carers to access (typically via their GP) e.g. Let's Talk Well-being and Improving Access to Psychological Therapies (IAPT).