



NHS

Self-harm

**Guidelines and resources for schools
to help support children and young people
who self-harm**



**Aylesbury Vale Clinical Commissioning Group and
Chiltern Clinical Commissioning Group**

In conjunction with





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Introduction

Self-harm is increasing. That's why partners including schools, health and social care in Buckinghamshire have produced this resource pack to support staff in schools, to help them understand self-harm better and be more able to offer appropriate support. It is not a definitive guide and does not replace official guidance issued by professional bodies or government policy, but provides a clear and straightforward starting point for easy reference.

There are many misunderstandings regarding self-harm, and the subject can be anxiety provoking for all those involved. In some schools and residential settings self-harm can be a daily occurrence, in others it is a rarer event. However, unfortunately the number of children and young people who self-harm is increasing. One study found 15% of 12-16 year olds had performed at least one act of self-harm in the last year¹. With increased media coverage it is increasingly talked about and it is important that those who deal with it are well equipped to do so.

These guidelines aim to share good practice and empower schools to help children and young people who self-harm and explain the roles of other teams who can provide specialised support.

Electronic copies of this resource pack can be found on the Buckinghamshire Public Health website: www.buckscc.gov.uk/healthy-living/mental-health/self-harm

All those working with children and young people need to:

- Better understand self-harm and the underlying reasons for it
- Understand what to do if a child or young person self-harms
- Help children and young people to be emotionally resilient, act sensitively and appropriately

We hope this resource pack will enable you to feel confident in dealing with children and young people who self-harm.

¹ Stallard et al. 2013 *Self-harm in young adolescents (12-16 years): onset and short-term continuation in a community sample. BMC Psychiatry 2:238*



This resource pack has been produced by the Self-Harm Schools Working Group chaired by Wycombe High School in consultation with a range of partners including the Buckinghamshire Children Safeguarding Board, Aylesbury Vale and Chiltern Clinical Commissioning Groups and Buckinghamshire County Council. It includes original resources such as the *Self-Harm Guidelines for staff within school and residential settings (Oxfordshire, November 2007)* and the *National Self-Harm Network* (<http://www.nshn.co.uk/>). We are grateful for permission of their use.

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What is self-harm?

Self-harm is any behaviour such as self-cutting, swallowing objects, taking an overdose or running in front of cars for example where the intent is to deliberately cause self-harm.

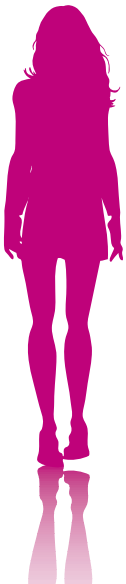
Some people who self-harm have a strong desire to kill themselves. However, there are other factors which motivate people to self-harm including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self-harming behaviour may express a powerful sense of despair and needs to be taken seriously. Moreover, 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.

Examples of self-harming behaviour include:

- cutting
- taking an overdose of tablets
- swallowing hazardous materials or substances
- burning – either physically or chemically
- over/under medicating e.g. misuse of insulin
- punching/hitting/bruising
- hair pulling/skin picking/head banging
- episodes of alcohol/drug/substance misuse or over/under eating can at times be acts of deliberate self-harm

What causes self-harm?

Self-harm can be a transient behaviour in children and young people that is triggered by a particular stressor and resolves itself fairly quickly, or it may be part of a longer term pattern of behaviour that is associated with more serious emotional / mental health problems. Where there are a number of underlying risk factors present, the risk of further self-harm is greater.





The following risk factors, particularly in combination, may make a child or young person vulnerable to self-harm:

Individual Factors

- depression/anxiety
- poor communication skills
- low self-esteem
- poor problem-solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse

Family factors

- unreasonable expectations
- abuse (physical, sexual, emotional or neglect)
- poor parental relationships and arguments
- depression, deliberate self-harm, suicide or other mental health difficulties in the family
- drug or alcohol misuse in the family
- domestic violence

Social factors

- difficulty in making relationships
- feeling lonely
- persistent bullying or peer rejection
- easy availability of drugs, medication or other methods of self-harm

The following groups of children and young people may be at an increased risk of self-harming:

- children and young people in residential settings (e.g. in-patient units, prison, sheltered housing, hostels or boarding schools)
- children and young people with mental health difficulties





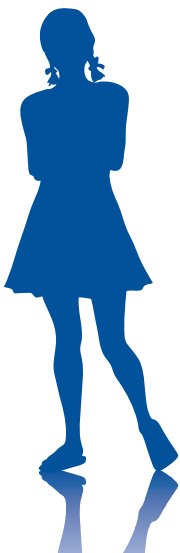
A number of factors may **trigger** the self-harm incident:

- 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, including denigration through social media
- significant trauma e.g. bereavement, abuse
- self-harm behaviour in other students (contagion effect)
- identification with a peer group which promotes self-harm
- 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 and peers to conform/achieve
- exam pressure
- times of change (e.g. parental separation/divorce)

Warning signs

There may be changes in the behaviour of the child or young person which are associated with self-harm or other serious emotional difficulties:

- change in clothes worn e.g. wearing long-sleeved tops, reluctance to do PE or swim.
- 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



N.B. Some children and young people 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.





The urge to escape difficulties

For some children and young people, self-harm may express the strong desire to escape from a conflict or unhappiness at home and to live elsewhere. Injuring oneself can achieve a temporary respite if it entails a hospital admission or a short break at the home of a friend or relative. The child or young person may request admission to foster care or a residential home and parents or carers may doubt their ability to cope at this stage. Entering care often carries with it many long-term disadvantages and increased vulnerability for the child or young person.

It is acknowledged that for some children and young people being looked after is the best way forward. However, in most cases it is preferable to try to support the child or young person and family members to find a resolution to their difficulties, rather than separating them further.

For those who are already in care, self-harm may still be an expression of a desire to escape from their situation, for example, leaving the home.

If you believe that a child or young person would be at serious risk of abuse in returning home or in remaining in their residential setting, you should contact the social care First Response Team immediately for advice:

Please contact the First Response Team on:

Tel: 0845 460001

Email: cypfirstresponse@buckscc.gov.uk

Fax: 01296 382207

For further information on the Buckinghamshire Children Safeguarding Board (BCSB) Policies and Procedures please see:

<http://www.bucks-lscb.org.uk/bscb-procedures>

If a child or young person goes missing from home or from a residential setting then the following Thames Valley Missing Children Procedure should be initiated:

http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Missing_Children.pdf



What keeps self-harm going?

Once self-harm (particularly cutting) is established, it may be difficult to stop. Self-harm can have a number of functions for the student and it becomes a way of coping.

Examples of functions include:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of creating an identity with a peer group
- Non-verbal communication (e.g. of an abusive situation)
- It can also be a suicidal act

The cycle of self-harm/cutting

When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop.

Children and 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.





Managing Self-harm within Schools

Preventing Self-harm

Promoting whole school resilience is an effective way to prevent mental illness, and reduce the likelihood of students adopting risky coping strategies such as self-harming, alcohol or drug use. Resilience programmes involve the building and strengthening of problem-solving skills, social skills and coping skills that are adaptive and useful in the school setting and also for life in general. Schools should create a supportive environment which focuses on building resilience and encouraging healthy peer relationship. An effective anti-bullying and inclusion policy is an important aspect of this.

The Public Health Team at Buckinghamshire County Council has funded a number of secondary schools in Buckinghamshire to deliver the evidence-based Penn Resilience Programme to their Year 7 pupils. The Penn Resilience programme has also been shown to positively impact upon pupil attainment and attendance.

There are a number of approaches to promoting pupil resilience in primary and secondary schools. If you would like to find out more about promoting resilience in your school, please contact the Public Health Team.

Email: publichealth@bucksc.gov.uk

Self-Harm and Peer Groups

It is important to encourage children and 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 confidence, so they need to know self-harm can be dangerous to life, and by seeking help and advice for their friend they are taking a responsible action. The peer group of a child or young person who self-harms may value the opportunity to talk to an adult, either individually or in a small group.

When a child or young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of students in the same peer group are harming themselves; this is known as 'Contagion'. 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 school staff and in other children and young people. Each individual may have different reasons for self-harming and should be offered the same support as other individuals that self-harm. Although it may also be helpful to discuss the matter openly with the group of children or young people involved, in general, it is not advisable to offer regular group support for the children or young people that self-harm. Also be aware that children and young people often communicate electronically through Social Media and this may form a platform for sharing images of self-harm.

If your school is concerned about contagion it is advisable to contact CAMHS to discuss the situation in more detail.





Developing processes with schools

The development of the following should be considered within schools:

- Devise a self-harm policy, including a clear confidentiality policy
- Train school staff
- Educate students to be 'good friends' by reporting
- Address emotional well-being, promoting coping strategies and self-harm as part of the PHSE curriculum (secondary schools)
- Have leaflets available for young people and parents or carers
- Control contagion (when self-harm becomes a common occurrence amongst a group of children or young people)
- Develop a 'Names to Know' list of students with wellbeing concerns



Staff reactions to students that self-harm

Children and young people often report prejudice from all sections of society, including those that they turn to for help with self-harm. Some of the common prejudices are given below with children and young people's responses to them.

Societal (and professional) responses

All people who self-harm are suicidal	No. Only a very small number, for most it is a release from emotional pain.
Self-harm is attention seeking	No. Many children and young people go to great lengths to hide their self-harm.
The more serious the injury, the more serious the problem	No. The nature and severity of the self-harm does not reflect the nature or severity of the problem.
They must like the pain	No. It is not about pain, it is about coping.
Self-harm is a young person's issue	No. People of all ages self-harm.
People who self-harm can stop easily if they want to	No. It is a way of coping and is very difficult to stop unless a better way of coping can be adopted.
Self-harm is the problem, if we stop this then the person will be fine	No. Self-harm is not really the problem and may be seen as a solution to problems that will not go away.

Support for staff

Staff may experience a range of feelings in response to self-harm in a child or young person (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust or rejection). It is important for all work colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of the forums where these issues are discussed may vary between settings.





A Beginners guide to managing self-harm

The table below outlines the key things for staff to consider when dealing with self-harm

DO	DON'T
<p>Stay calm – do not show anxiety or disgust. Be prepared to be shocked</p>	<p>Don't Panic – Unfortunately many children and young people self-harm – it is a complex issue and each person will have a different reason for the story behind their behaviour – panicking will not help the child or young person feel safe and contained</p>
<p>Listen – just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before</p>	<p>Don't send the child or young person away – it is important to make some time for them, suggest other ways of coping and help them to get the right support</p>
<p>Listen intently – calmly ask any relevant questions, try and build rapport with the child or young person whilst you ascertain what is happening for them</p>	<p>Don't be judgemental – keep an open mind about the behaviour and don't refer to it as “attention seeking”</p>
<p>Listening – does not just require ears – observe the child or young person's non verbal clues, look at their body language. Does what they say and what you see match up? What is the underlying mood state – is it anger? Sadness? Frustration?</p>	<p>Don't Work Alone - you may still see a child or young person alone, but you will need to share with an appropriate staff member or colleague from another agency. This will protect both the student and yourself</p>
<p>Think – carefully before you act – What is in the best interests of the child or young person?</p>	<p>Don't offer to take the child or young person to your home environment. Don't give them your mobile or house number or text them. It is more appropriate and professional for you to help the child or young person to identify and access their support network. Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed with the child or young person's difficulty</p>
<p>Remember most episodes of self-harm have nothing to do with suicide. However one way to differentiate between suicide and self-harm is by asking the child or young person what was their intention behind the self-harm behaviours</p> <p>Treat a suicide intention as an emergency, do not leave the child or young person alone or in a vulnerable environment – get help and support as soon as possible and remain calm</p> <p>It is important to be clear with each individual how often and for how long you are going to see them (i.e. the boundaries need to be clear). It can be easy to get caught up into providing too much, because of one's own anxiety. However, the child or young person needs to learn to take responsibility for their self-harm</p>	



GLOSSARY

CAMHS	Child and Adolescent Mental Health Services (also referred to as Children and Young People Emotional Health and Wellbeing Service)
First Response	Child Protection Team at Children's Social Care in Buckinghamshire
'Names to Know'	A list of students with wellbeing issues, kept in a secure location and updated regularly, accessible to senior staff
PSP	Pastoral Support Programme
TaMHS	Targeted Mental Health in Schools - provided by the Educational Psychology Service in conjunction with CAMHS
Student Welfare Manager	Matron / member of staff with responsibility for First Aid / medical room
Student Manager	Member of staff who works in an administrative and pastoral capacity supporting a Head of Year / House
'Watching Brief'	A school's internal procedure for monitoring the behaviour of a student and alerting the relevant staff if there are any concerns
Duty Doctor	GP designated to deal with all urgent issues if the patient's own GP is not immediately available

References

NICE Clinical Practice Guideline 16: Self-harm. 2004. National Institute for Health and Care Excellence

Self-harm – Guidelines for staff in school and residential settings in Oxfordshire, reviewed 2012, Oxford Health NHS foundation trust

Stallard et al. 2013 Self-harm in young adolescents (12-16 years): onset and short-term continuation in a community sample. BMC Psychiatry 2:238





Self-harm

Appendix 1:

Flow diagram for dealing with self-harm within schools

Guidelines for school staff if a child or young person is self-harming, or there are safety or wellbeing concerns



Flow diagram for dealing with self-harm within schools

Talk / Listen to student ^{2,3}

See resources pack for appendices referenced

Assess immediate risk

If child protection/safeguarding concerns initiate local Child Protection Procedures

Lower	Medium	Higher
<ul style="list-style-type: none"> • Superficial wounds • Old / copycat wounds 	<ul style="list-style-type: none"> • Self-harm wound requiring external medical attention 	<ul style="list-style-type: none"> • Overdose attempt (suspected or actual) • Suicidal thoughts / tendencies / actions
Increased and additional risk from: Use of alcohol or drugs. Child protection or safeguarding issues. Other risky behaviours		

Seek urgent medical advice e.g. from GP or 111
In a medical emergency, i.e. the student is unconscious / having difficulty breathing / there is severe bleeding call 999

Activate Internal School Processes

Explain to student action being taken

- ↓
- Inform a senior member of staff / Designated Person
- ↓
- Encourage student to speak to a parent/carer. Facilitate this where appropriate. Contact parent/carer to check student has done so
- ↓
- Contact parent/carer directly if more appropriate
- ↓
- Explain situation / School's concerns
- ↓
- Ascertain current involvement of any external agency

Activate Internal School Processes

Explain to student action being taken

- ↓
- Inform a senior member of staff / Designated Person
- ↓
- Contact parent/carer
- Explain situation / School's concerns
- Ascertain current involvement of any external agency
- Agree next steps
- ↓
- Complete student incident form & body map ⁴
- ↓
- Contact CAMHS and discuss ⁹
- ↓
- Contact parent/carer for update
- ↓
- Arrange re-admittance interview ⁵ & complete risk assessment ⁶

Discuss / reiterate options:

1. Give student information and identify support network ¹²
2. Consider weekly meetings with staff member / Pastoral Support Programme / mentoring
3. Ring CAMHS prior to making referral if not already done so ⁹
4. Consider referral to external agency e.g. Connexions counselling; Young Minds, Youth Enquiry Service ¹¹
5. Who is in best position to make referral; School, School Nurse or GP

Send follow-up letter ⁷ to parent/carer with information leaflet ^{8, 13}

Notify pastoral and academic staff accordingly

Notify Community School Nurse

Update 'Names to Know' list

Situation is resolved.
No further action is required

- ↓
- Continue to monitor student's behaviour / wellbeing
- ↓
- Update 'Names to Know' list

Situation continues/reappears

Referral not previously made

Referral made previously

Communicate concerns to parent/carer

- ↓
- Re-visit options (see above and Do's and Don'ts) ²
- ↓
- Seek advice from CAMHS on most appropriate referral route ⁹
- ↓
- Refer
- ↓
- Update 'Names to Know' list

- ↓
- Ring CAMHS, check status of referral and current provision and share concerns ⁹
- ↓
- Communicate concerns, in writing, to named, lead professional at external Agency
- ↓
- Notify Community School Nurse
- ↓
- Maintain a 'watching brief'
- ↓
- If problems persist, request a multi-agency meeting
- ↓
- If situation continues, escalate concerns, in writing, to named, senior manager in external agency and copy to Headteacher
- ↓
- Update 'Names to Know' list

Non-compliance

- ↓
- Re-visit options (see above)
- ↓
- Re-state School expectations to student and parent/carer
- ↓
- Complete risk assessment ⁶
- ↓
- Refer / re-refer
- ↓
- Update 'Names to Know' list



Self-harm

Appendix 2: How to Help - Do's and Don'ts



Do's and Don'ts

Do's	Don'ts
<p>Communication</p> <ul style="list-style-type: none"> • Try to make information sharing the norm • Where a student is expressing suicidal thoughts / tendencies or external medical intervention is required, inform a parent or carer (save in exceptional circumstances for example, if to do so would place the student at greater risk of harm, and only in discussion with a senior member of staff / the Designated Person) • Encourage students to talk to their parent/carer, offer to facilitate this in school where appropriate • Share your concerns with, and seek further advice and support from CAMHS / Community School Nurse / GP or Duty Doctor @ GP surgery • Seek advice from Social Care First Response Team on 0845 4600001 if there is an underlying or emerging Child Protection concern 	<ul style="list-style-type: none"> • Promise to keep something a student tells you confidential • Rely on a student telling you that s/he has told his / her parent/carer – contact the parent/carer to confirm this • Be afraid to share information with other health professionals at an early stage, for example, the Community School Nurse or GP / Duty Doctor at the child/ young persons GP surgery
<p>Making a referral</p> <ul style="list-style-type: none"> • Consider a range of external agencies prior to referring; Addaction, CAMHS, Connexions, Young Minds, Youth Enquiry Service • Make sure that whoever makes the referral, i.e. School, GP, is best placed to do so • Phone the Duty Worker at CAMHS if you have concerns at any stage and / or before making a referral on 01865 901868 (South) or 01865 901325 (North) 	
<p>In school</p> <ul style="list-style-type: none"> • Make sure all parent/carers and students know what the support network is in school and how to access it. (Consider using the 'My Safety Net' Appendix 12) • Make sure you have up-to-date contact numbers and names for key external agencies • Ensure students have contact telephone numbers for relevant agencies – especially before any holiday period • Have a 'Names to Know' list for senior and pastoral staff • Consider discussing students who self-harm at regular, in-school safeguarding review and action planning meetings, attended by key pastoral and senior staff • Ensure there is adequate support in place for peers and involved school staff. Staff may want to liaise with local CAMHS/TaMHS team for relevant literature or training • Ring CAMHS for updates regularly, as required • Be vigilant in case close contacts of the individual are also self-harming. Where there appears to be linked behaviour seek further advice from CAMHS or TaMHS • If a local pattern is emerging seek local advice from the Buckinghamshire Safeguarding Childrens Board • Record any meeting with a child or young person including any outcomes. • Encourage the child or young person to take steps to keep him/herself safe and reduce self-injury. Reference to 'Distractions' that can help can be found in Appendix 12 	<ul style="list-style-type: none"> • Form a self-harm support group as this can encourage unhelpful behaviours • Don't discourage friends from sharing concerns. Reassure them that by seeking help and advice they are being good friends • Treat simultaneous events the same. It is important that each case is looked at individually in terms of risk in the first instance. The group dynamic which led to the situation can be addressed at a later stage
<p>In an emergency</p> <ul style="list-style-type: none"> • Call an ambulance (dial 999) in a medical emergency, i.e. the student is unconscious / having difficulty breathing / there is severe bleeding 	



Self-harm

Appendix 3: Example Confidentiality Statement



Example Confidentiality Statement

Confidentiality Statement

This school takes seriously its responsibility to safeguard and promote the welfare of students and believes that the safety and wellbeing of students is of paramount importance.

All staff must be aware that they have a professional responsibility to share information within school, and with other agencies, in order to safeguard children.

All staff must be aware that they cannot promise a child / young person to keep secrets which might compromise his / her safety or wellbeing or that of another.

Staff will share wellbeing concerns with parents / carers unless to do so could put the child/young person at greater risk of harm, or impede a criminal investigation. If this is the case, school staff should consult their Designated Person / Headteacher.

Personal information about a student will be disclosed to other members of staff on a 'need to know' basis only.

Additional Information

The best prevention for self-harm is to have people available to talk to so it is important that schools build a culture of openness. Children and young people may not like or want their information to be shared with others in order to help them, however they may be more reassured if you explain exactly who you are going to speak with, the reasons for doing this and when, and give the child or young person an opportunity to accompany you. Please carefully consider safeguarding concerns and whether the child or young person will be at greater risk if information is shared with their parent or carer. Information sharing may be particularly important before a weekend or holiday period.

School staff should preface any conversation with a child or young person by saying that they cannot keep anything that is said to them confidential, and that they will need to share it with a senior member of staff. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to divulge.



Self-harm

Appendix 4: Sample Incident Form and Body Map

Sample Incident Form to be used when a child or young person self-harms at school



Self-Harm Incident Form

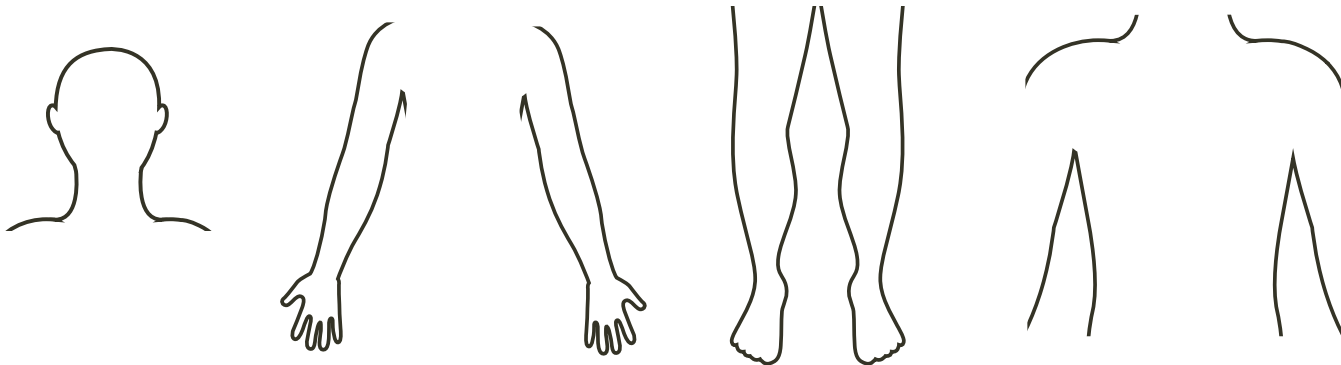
Day and date:		Time:	
Student's Name:			
Age:	Gender:	Year Group:	SEND:
Name of member of staff completing form:		Position:	
Brief description of incident, including day, date and time of occurrences (bullet point): <i>(Use the body map overleaf if applicable)</i>			
Actions taken:			
Recommendations:			
Follow up required:			
Form copied to:			

Name of student:

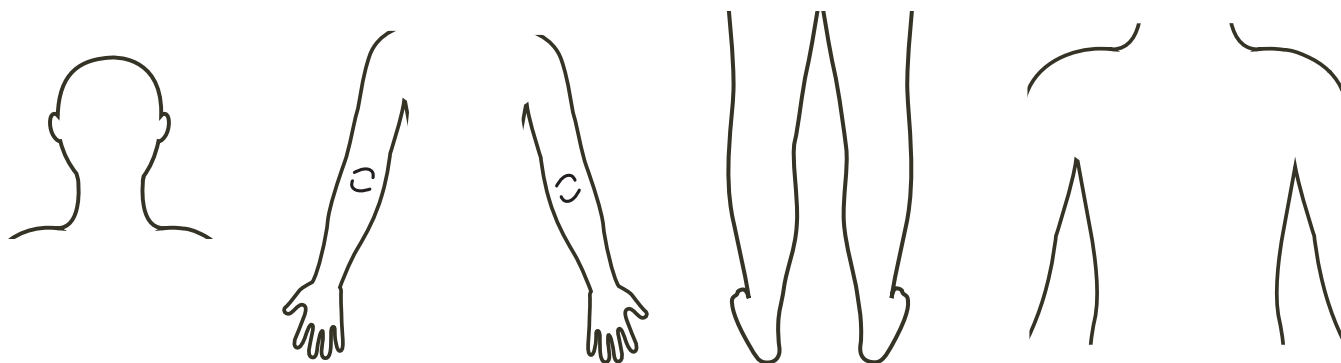
Body Map

Please indicate on the relevant diagram(s) the location of the self-harm if appropriate

FRONT



BACK



Name of student:

Date of completion:

Name of member of staff completing form:

Any additional information:



Self-harm

Appendix 5: Sample Self-Harm Re-admission Interview Form

To be used at a meeting with a parent/carer and student on the student's return to school following a serious self-harm / wellbeing incident



Self-Harm / Wellbeing Re-Admission Form

Student's name:

Tutor Group: Year Group:

Day: M / T / W / Th / F Date: Time:

Length of absence (number of school days):

Summary of incident:

.....

.....

.....

Details of action taken by school:

✓ / ✗ / na

Senior member of staff notified:	
Parent/carer contacted:	
Medical advice taken: GP	
111	
999	
Student taken for further medical assessment by:	
Parent/carer	
Member of Staff	
Emergency Services	
Student discharged into parent/carer's care by ambulance crew / paramedic:	
Student declared fit to return to lessons by: (Please specify)	
Other action taken: (Please specify)	

Details / outcome of treatment:

✓ / ✗ / na

Student discharged into parent/carer's care	
Student declared fit to return to school by: GP	
Hospital	
Student referred for further assessment/intervention by: GP	
CAMHS	
Please specify any actions following assessment/intervention.	
Any other information.	

Checklist for re-admission interview (to be completed by lead member of staff)

✓ / ✗ / na

Re-visit incident and establish what happened, what student used to self-harm, where they got it from, and where it is now. Apply school behaviour policy if appropriate	
Complete details / outcome of treatment section above in consultation with parent	
Ask the parent /carer and student if they are confident that s/he is fit to return to school	
Ask if any advice, verbal or written, has been given by a health professional regarding return to school	
Reiterate support network available in school; Form Tutor, Head of House, Student Manager, Student Welfare Manager, School Counsellor	
Discuss options (see Self-harm / wellbeing flow chart)	
Complete a risk assessment and ensure this is signed by the parent /carer and student	

Family present (delete as appropriate)		
Student present	YES	NO
Parent/s present: Mother	YES	NO
Father	YES	NO
Other (please specify)		

Staff present (delete as appropriate)					
Headteacher/Deputy	YES	NO	Student Manager	YES	NO
Head of House/Year	YES	NO	Pastoral Staff	YES	NO
Form Tutor	YES	NO			
Other (please specify):					
Staff name and signature:					

Post interview checklist

Task	Responsibility	Actioned by	✓
Email subject teachers, Form Tutor, Head of House/Year, Student Manager & Student Welfare Manager	Head of House / Year		
Log incident on Incident spreadsheet	Student Welfare Manager		
Update 'Names to Know'	Student Welfare Manager		
Meet with student at end of first day for visual / verbal wellbeing check	Head of House / Year		
Completed form copied to Student Welfare Manager	Head of House / Year		
Original form filed in student file, together with completed and signed risk assessment	Student Welfare Manager		



Self-harm

Appendix 6: Sample Risk Assessment for children/young people who self-harm



Management of Health and Safety at work regulations General Risk Assessment - Form RA2

Name of establishment:

Ref no RA

Risk assessment for student who is self-harming in school

Student's name:

It is necessary to undertake a risk assessment to identify the risks to { insert name of student }, other students and staff in the light of { insert name of student } self-harming on the school site.

Potential problem	Risk	Measures to reduce the risk
<ul style="list-style-type: none"> Dangerous implements such as blades being brought into school 	<ul style="list-style-type: none"> Serious injury to self, other students or staff at school. Primary children: risk to very young children inadvertently accessing implements. Cleaners may inadvertently hurt themselves. 	<ul style="list-style-type: none"> Student is reminded of School's behaviour policy and zero tolerance to such items being brought into school. Student may be asked to present him/herself at { insert location } and be asked to show that bag/locker does not contain such items.
<ul style="list-style-type: none"> Student self-harming on the school site between lessons and at break and lunch time 	<ul style="list-style-type: none"> Serious injury to self and related impact on other students and members of staff. The student becomes increasingly socially isolated and withdrawn; spiral of self-harm increases. Financial cost of staff resource to escort student / supervise student is not sustainable 	<ul style="list-style-type: none"> Student has explained to him/her the impact of self-harming on school site and is expected to take her/himself to { insert location } if s/he feels that s/he may self-harm, and use the strategies that s/he has been given and/or contact the health professionals from whom s/he is receiving treatment Student is expected to share issues with appropriate adults not peers Student must be open with parents and not come to school if s/he feels at risk in the morning If necessary school will ask parent/carer to collect student from school

Potential problem	Risk	Measures to reduce the risk
<ul style="list-style-type: none"> • Student leaves the classroom during the lesson in order to self-harm. 	<ul style="list-style-type: none"> • While unsupervised, the student may self-harm. • Agitated student effectively forced to remain in an environment s/he is endeavouring to leave: s/he may hurt him/herself, other students or staff in the interim. • Student may abscond from classroom • Financial cost of staff resource to escort students / supervise student is not sustainable. 	<ul style="list-style-type: none"> • Student has explained to her/him the impact of self-harming on school site and is expected to use a Green Card to take her/himself to {insert location} if s/he feels that s/he may self-harm and use the strategies that s/he has been given and/or contact the health professionals from whom s/he is receiving treatment • Student is expected to share issues with appropriate adults and not peers • Student must be open with parents/carers and not come to school if s/he feels at risk in the morning • If necessary school will ask-parent/carer to collect student from school
<ul style="list-style-type: none"> • Student has overwhelming urge to self-harm while at school leading to volatile behaviour 	<ul style="list-style-type: none"> • Student may 'run away' / abscond in school to carry out the urges to self-harm, without any consideration for her/his own or others' safety. • Staff are deployed to seek him/her out when this occurs (in pairs) posing a risk to themselves physically and emotionally. • Risk that other students see attempts at self-harming and are emotionally impacted. • Students urges increase and s/he is becoming increasingly reckless in decision making about self-harming. 	<ul style="list-style-type: none"> • School will seek professional help and reassurance that student is fit to be at school
<ul style="list-style-type: none"> • Current friendship group of the student is reinforcing negative behaviours. 	<ul style="list-style-type: none"> • Student is finding it very difficult to break out of the cycle of self-harming. 	<ul style="list-style-type: none"> • Contact CAMHS to discuss situation and next steps
<ul style="list-style-type: none"> • Student is targeting other vulnerable students to draw them into self-harming 	<ul style="list-style-type: none"> • Self-harming culture created: increased numbers of students involved. • Higher risks to personal and general safety. 	<ul style="list-style-type: none"> • Contact CAMHS to discuss situation and next steps

Potential problem	Risk	Measures to reduce the risk
<ul style="list-style-type: none"> Admissions of suicidal thoughts and intent to staff 	<ul style="list-style-type: none"> Student may attempt to take his/her own life while on the school site. 	<ul style="list-style-type: none"> Parents/carers contacted to advise them of thoughts / intent. Seek urgent medical advice e.g. from GP or 111. In a medical emergency, i.e. the student is unconscious / having difficulty breathing / there is severe bleeding call 999
<ul style="list-style-type: none"> Student may attempt to leave the school site in order to self-harm 	<ul style="list-style-type: none"> Serious injury to self and exposure to vulnerable situations Self-harming takes place away from school 	<ul style="list-style-type: none"> Student expected to engage in all forms of academic and pastoral support within and beyond the school Parents must be contactable if student is discovered to have left the school site / not arrived at school in the morning.
<ul style="list-style-type: none"> Student unable to engage with education 	<ul style="list-style-type: none"> Student does not achieve full potential. 	<ul style="list-style-type: none"> Student expected to engage in all forms of academic and pastoral support within and beyond the school including in-house mentoring programme, PSP, CAMHS, MIND, Outreach Support, for example PRU.

Signed:.....(Student)

Date:

Signed:.....(Member of staff)

Date:

Signed:.....(Parent/ Carer)

Date:



Self-harm

Appendix 7: Sample letter to Parents or Carers

Sample letter to parents or carers concerning the welfare of a student that is self-harming



Date

Address

Dear (Parent / Carer)

Thank you for taking the time to discuss with us your son / daughter's disclosure of self-harm / suicidal thoughts.

I am writing to reiterate our concerns about 's safety and wellbeing and to summarise the key recommendations as discussed.

The recent incident of self-harm / or threat to self-harm by indicates that s/he may require / benefit from further advice and support from a health professional, for example, her GP / CAMHS (Child and Adolescent Mental Health Service) / the School Counsellor.

We therefore recommend that you make an urgent appointment to visit your local GP for further advice in this regard. Please let your GP know that the School would welcome the opportunity to work with any health professionals involved in your son / daughter's care, including providing information for, and attending any review or multi-agency meetings as appropriate.

Or

As agreed, we have therefore made a referral to our School Counsellor / CAMHS. As part of the referral process we have stated that we would welcome the opportunity to work in partnership with the health professionals involved in your son / daughter's care, including providing information for, and attending any review or multi-agency meetings as appropriate.

We will continue to provide support within school, and would encourage you and your son / daughter to share any information that you have, now or in the future, to enable us to do this as effectively as possible.

If you have any questions or concerns please do not hesitate to contact me.

Yours sincerely

Copied to:

Enclosed:

CAMHS information for parents and young people.

Information for friends, family and carers.



Self-harm

Appendix 8: CAMHS information for parents/carers and young people

CAMHS information for parents/carers and
CAMHS self-referral information for young
people aged 16-17



CAMHS Information for Parents / Young People

CAMHS is part of Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust providing mental health services for children and young people aged 0 - 18 years. CAMHS aim to provide help for children, young people and their families who are experiencing more severe, complex and persistent difficulties.

How to access the CAMHS community teams?

Referrals must be made by a professional who knows the child/young person or family. This could be a GP, member of school staff, health visitor, social worker or other professional. For young people aged 16-17, they or their parents or carers can also self-refer.

What happens next?

Usually the child or young person will be offered an initial meeting for an assessment by one or two team members.

This could include:

- Child and adolescent psychiatrists
- Social workers
- Clinical psychologists
- Community psychiatric nurses
- Child psychotherapists
- Occupational therapists
- Family therapists

At this meeting, the team member/s that the child or young person see will talk about what the next steps are. This may include any ongoing treatment, in which case the child or young person will be offered regular meetings with a particular team member.

Who's who?

- Psychiatrist, psychologist and psychotherapist – all specially trained in the treatment of people with mental illness
- Social worker – employed by a government agency, for example a County Council, and ensures the welfare (health, safety, wellbeing) of a person or a community
- Occupational therapist – uses productive activities as part of the treatment
- Family therapist – specially trained to help and give support to the whole family
- Care Co-ordinator – the professional responsible for reviewing the care and treatment provided.

Who to contact

Telephone: 01865 902515

Availability: 9.00 am – 5.00 pm, Monday to Friday

North: Sue Nicholls Centre
Bierton Road, Aylesbury, Bucks
HP20 1EG

South: Orchard House
Cressex Link, High Wycombe,
Bucks HP12 4BF

Website: <http://www.oxfordhealth.nhs.uk>

Are you experiencing anxiety, stress or other emotional issues?

Introducing a new service for Buckinghamshire



**Are you aged
16 - 17?
Or a parent or
carer of a
16 - 17 year
old that you
are concerned
about?**

You no longer need to see a doctor or other professional to make contact with Child and Adolescent Mental Health Services (CAMHS). You can now refer yourself directly.

The self-referral telephone number is 01865 902515 and it is open from 9am to 5pm, Monday to Friday.

You will speak to a specially trained professional who will ask you some questions and talk to you about how they can help.

Don't forget that you can also get help by speaking to your GP, school health nurse, teacher or health worker.



For more information about the service please visit www.oxfordhealth.nhs.uk/children-and-young-people

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Self-harm

Appendix 9: CAMHS and TaMHS information for professionals



CAMHS information for Professionals

CAMHS would prefer you phone to discuss a referral in the first instance:

North: Sue Nicholls Centre, Bierton Road, Aylesbury, Bucks HP20 1EG

Telephone: 01865901325 (North)

South: Orchard House Cressex Link, High Wycombe, Bucks HP12 4BF

Telephone: 01865 901868 (South)

Availability: 9.00 am – 5.00 pm, Monday to Friday

OSCA Team: 01865 901980 / 8.00am - 8.00pm

CAMHS Out of Hours: 01865 902000 (24/7 for emergency referrals via switchboard)

Website: <http://www.oxfordhealth.nhs.uk>

CAMHS referral forms can be found online:

in PDF format:

<http://www.oxfordhealth.nhs.uk/resources/2011/01/CCR-OH-Sep11.pdf>

in Word format:

<http://www.oxfordhealth.nhs.uk/resources/2011/01/CCR-OH-Sep11.doc>

Their referral criteria can also be found by following this link:

<http://www.oxfordhealth.nhs.uk/resources/2013/05/Bucks-Criteria-7Aug12-pdf.pdf>

CAMHS have may accept self-referrals from young people aged 16-17 or their parents or carers. Further information can be found in the CAMHS self-referral leaflet.



Buckinghamshire Targeted Mental Health in Schools

The national TaMHS programme began in April 2008. It aimed to build on the successful implementation of the National Healthy Schools and Social and Emotional Aspects of Learning (SEAL) initiatives in both primary and secondary schools. Buckinghamshire joined TaMHS as part of the Phase 3 cohort in April 2010.

The work of the project in Bucks is underpinned by the following principles:

1. Maintaining a whole school focus to create the climate and conditions for promoting mental health.
2. Promoting the mental health of all pupils to prevent problems arising, and providing more targeted support for those already experiencing problems.
3. Using evidence based approaches at whole school, group and individual levels of intervention.
4. Supporting schools in their role as Tier 1 CAMHS professionals providing universal CAMHS services.

The project is managed by the Educational Psychology Service, but is based on a partnership between the EPS and CAMHS (Oxford Health). The Team is made up of Educational Psychologists, CAMHS clinicians and Psychology Assistants. Since the project began in Bucks in 2010, we have engaged with 42 schools, engaging with and working alongside new sets of identified schools each year whilst supporting previous schools to embed practice. We work with both mainstream and special schools across the age range, providing a range of interventions (please see over), access to network meetings and web-based resources.

If you are a TaMHS school already and you would like advice and support re strategies to support a young person or a group of young people at risk of self-harming, then **please contact your TaMHS link EP** to request a focus on this in your Mental Health Consultation sessions, or alternatively, training.

If you are not a TaMHS school, we have now taken on a full cohort of schools for 2014-15, however, if you would like advice and support re strategies to support a young person or a group of young people at risk of self-harming, then **please speak to your attached Educational Psychologist**.

If you would like to know more about TaMHS, please contact us as below.

Susan Birch and Rebecca Askew
TaMHS
Educational Psychology Service
Wycombe Area Office
Easton Street
High Wycombe
Bucks. HP11 1NH
Tel. 01494 732187
sbirch@buckscc.gov.uk / rjaskew@buckscc.gov.uk

TaMHS Interventions 2014-15

<p>Mental Health Consultation</p> <p>Mental Health Consultation sessions are facilitated by an Educational Psychologist and a CAMHS Clinician from the team. Schools are offered a regular number of sessions per term. Up to eight members of staff are able to attend each session.</p> <p>The joint consultations provide a means of having a focused conversation on the school's agenda. They also provide a space to think about children and young people causing concern, in terms of their mental health and well-being and an avenue to bring mental health information into school. They are generally aimed at promoting skills and confidence of Tier 1 staff.</p>	<p>Nurture Groups</p> <p>Nurture Groups are an early intervention to prevent social, emotional and behavioural difficulties and prepare pupils for more formal learning within the mainstream school, based on 6 key principles. In Buckinghamshire Nurture Groups are being run in both Primary and Secondary schools. Support offered to schools includes:</p> <ul style="list-style-type: none"> • Initial training • Termly network and training days • Termly EP supervision and annual MOT of Nurture Group • Evaluation
<p>Training</p> <p>Tailored training is offered alongside mental health consultation by the EP and CAMHS clinician attached to the school. Generic awareness raising training can be offered as well as training tailored to the particular needs of the school.</p>	<p>Pyramid</p> <p>Pyramid Clubs are an after-school club aimed at supporting social and emotional development, and increasing friendship skills. In Buckinghamshire Pyramid Clubs are run in both Primary and Secondary schools. Support offered to schools wanting to set up PCs includes:</p> <ul style="list-style-type: none"> • Initial training • Psychology Assistant support as a club leader and/or consultation support • Termly network and training days • Evaluation
<p>Incredible Years Teacher Classroom Management Programme (IY TCM: Webster-Stratton)</p> <p>An evidence-based primary school intervention delivered through six whole day workshops aimed at enhancing teacher classroom management skills. Areas of focus: proactive discipline, positive teacher-student relationships, effective behaviour plans and teaching regarding social and emotional regulation skills and the development of positive parent-teacher partnerships.</p>	



Self-harm

Appendix 10:

Role of medical professionals who support children and young people



The role of the GP

- Most practices have a Duty Doctor. If you don't know the young person's GP, or he/she is not working that day, ask to speak to the Duty Doctor
- GPs should have been made aware of any hospital attendances, (but may not have if the hospital's records are out of date)
- GPs should have been sent a copy of the CAMHS initial assessment and a summary once discharged from CAMHS
- GPs can refer patients to CAMHS, however the best person to refer the patient to CAMHS is the person who knows the child or young person best. This is often the school. CAMHS also accept self-referrals from young people aged 16-17 or their parents or carers. If there is confidential information regarding the patient or their family which is in the young person's best interests to share with CAMHS the GP can still do this, and 'back up' a school referral.
- Many GPs will have nurses who can do simple wound care / dressings, often the same day if asked
- Doctor-Patient confidentiality may often mean that the GP cannot give you information regarding a young person's treatment, or even confirm if they are receiving treatment / being seen by CAMHS etc. However if you have information that you feel the GP would benefit from, please do let him / her know as s/he will want, and have a professional obligation to act on that information.

The role of the hospital

- The hospital will provide emergency medical treatment
- Most overdoses need to go to hospital to enable blood tests to be done
- Every under 18 year old who goes to hospital will automatically be referred to CAMHS
- In many hospitals, Social Care will be informed about every child or young person presenting with self-harm.
- A busy A & E department is not always the best environment, psychologically, for young people who have self-harmed. An alternative option may be an urgent appointment with CAMHS or the GP.

The role of the Community School Nurse

- The Community School Nurses are children's nurses who have completed extra training in public health
- As healthcare professionals they are bound by the same confidentiality as GPs, however they know how schools work, and can reassure school staff that 'everything is in hand' and liaise directly with CAMHS/GPs
- Can sometimes provide support to children and young people, for example, whilst waiting for a CAMHS appointment.



Self-harm

Appendix 11: Useful contacts



Useful contacts

Organisation	Telephone	Website	Other
National Support			
Childline	0800 1111	www.childline.org.uk	
Samaritans	08457 90 90 90	www.samaritans.org	jo@samaritans.org
Get Connected (confidential helpline)	0808 808 4994	www.getconnected.org.uk	web chat via website
Young Minds Parent Helpline	0800 802 5544	www.youngminds.org.uk	
The Anti Bullying Campaign	0808 800 2222	www.bullying.co.uk	
Youth Health Talk (real life experiences)		www.youthhealthtalk.org	
National Self-harm Network		http://www.nshn.co.uk	Online support forum
Minded (e-learning support for those working with young people)		www.minded.org.uk	
Mind	0300 123 3393	www.mind.org.uk	Text 86463
Local Support			
Time to Talk (counselling)	0845 408 5022 or 07764 210398	www.timetotalkbucks.org.uk	counselling@timetotalkbucks.org.uk
Youth Enquiry Service (counselling)	01494 437373	www.youthenquiryservice.org.uk	yeswycombe@hotmail.co.uk
Connexions Bucks	0845 313 3413	www.connexionsbucks.org.uk	
Buckinghamshire MIND	01296 437328	www.bucksmind.org.uk	info@bucksmind.org.uk
Youth Access (directory of local services)		www.youthaccess.org.uk	admin@youthaccess.org.uk
Specialist Advice			
Frank (drugs advice)	0300 123 6600	www.talktofrank.com	frank@talktofrank.com
Addaction (alcohol and drug advice)	020 7251 5860	www.addaction.org.uk	info@addaction.org.uk
Adfam (alcohol and drug advice)		www.adfam.org.uk	admin@adfam.org.uk
National Association of Children of Alcoholics	0800 358 3456	www.nacoa.org.uk	helpline@Nacoa.org.uk
Alcoholics Anonymous	0845 769 7555	www.alcoholics-anonymous.org.uk	help@alcoholics-anonymous.org.uk
Alcohol Concern	0300 123 1110	www.alcoholconcern.org.uk	
Winston's Wish (bereavement support)	08452 030405	www.winstonswish.org.uk	
Young Carers	0844 800 4361	www.youngcarers.net	
Healthcare / Social Care			
CAMHS North Buckinghamshire Team	01865 901325		9.00 am – 5.00 pm
CAMHS South Buckinghamshire Team	01865 901868		9.00 am – 5.00 pm
CAMHS Out of Hours	01865 902000 (24/7 for emergency referrals via switchboard)		
CAMHS Self-Referral	01865 902515		9.00 am – 5.00 pm
TaMHS via Educational Psychology	01296 383219 (Aylesbury) 01494 732187 (High Wycombe)		
Social Care First Response Team	0845 4600001		cypfirstresponse@buckscc.gov.uk
Buckinghamshire Safeguarding Children Board	01296 383485	www.bucks-lscb.org.uk	
Public Health Buckinghamshire		publichealth@buckscc.gov.uk	
NHS 111	Dial 111		Open 24/7 – free calls



Self-harm

Appendix 12: Information for children and young people who self-harm

Students who self-harm may find this information helpful as part of a co-ordinated approach



What is self-harm?

Self-harm is when someone does something to deliberately hurt him or herself.

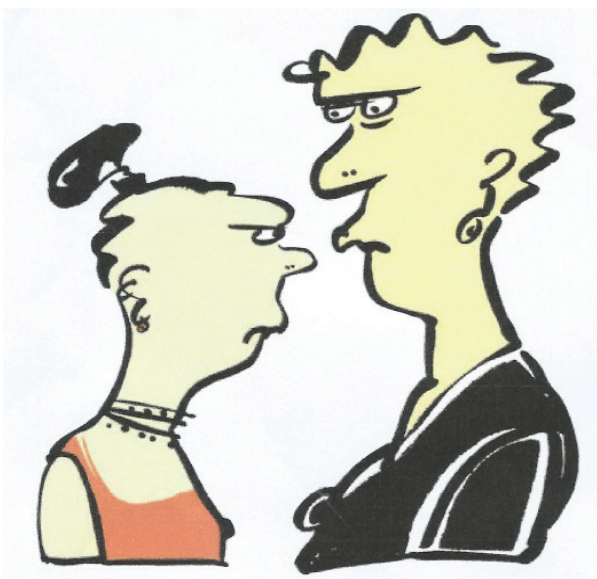
How many young people self-harm?

A recent, large study in the UK found that about 15% (i.e. 15 people out of every 100) of 12 - 16 year olds had self-harmed in the last year.

Why do young people self-harm?

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

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others: physically, sexually and / or emotionally
- Feeling under a lot of pressure at school and / or at home
- Losing someone close; this could include someone dying or leaving



When difficult or stressful things happen in someone'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) examinations
- Being bullied

Often these things build up until the young person feels they 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 showing other people that something is wrong in their lives.

How can you cope with self-harm?

Replacing the self-harm with other, safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member)
- Talking to someone on the phone (you might want to ring a helpline)
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help
- 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, for example, lavender
- Hitting a pillow or other soft object
- Watching a favourite film



Getting help

In the longer term it is important that you learn to understand and deal with the causes of stress that you feel. 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:** Form Tutor, School Nurse / Matron, Teacher, Teaching Assistant or other member of staff, School Counsellor.
- **GP:** you can talk to your GP about your difficulties and s/he can refer you for counselling if necessary.

□ **Help lines:**
Young Minds. Tel: 0808 802 5544

The Samaritans. Tel: 08457 90 90 90
jo@samaritans.org.uk

MIND Infoline. Tel: 0300 123 3393 Text: 86463
Self-help books also available

Youth Access provide a directory of local support services. For further information please visit:
www.youthaccess.org.uk

□ **Another useful address is:**
National Self Harm Network
PO Box 16190
London NW1 3WW
www.nshn.co.uk

DISPLACEMENT

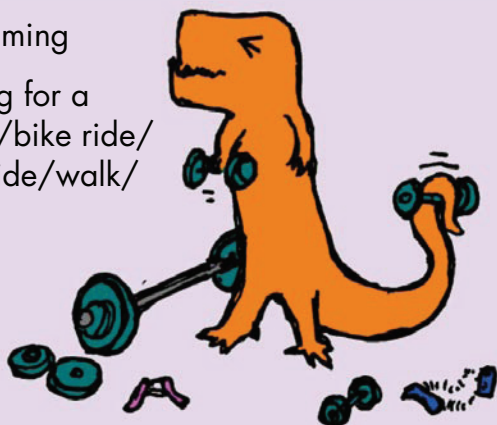
1. Drawing on yourself in red marker
2. Snapping an elastic band on your wrist
3. Putting on fake or henna tattoos and then peeling them off
4. Putting plasters or bandages on where you want to self-harm
5. Mix warm water and food colouring and put it on your skin
6. Make ice cubes with added red food colouring and rub them on where you want to self-harm
7. Squeezing ice cubes
8. Chewing leather
9. Use stage makeup to create fake injuries
10. Use skin coloured plasticine, smear it on your skin, cut into the plasticine (carefully) pour fake blood or food colouring into the fake cut.
11. Draw yourself or around your arm on a piece of paper, draw the harm you are imagining then destroy the picture
12. Take a photo of yourself when you are feeling upset, write all over it how you are feeling then destroy the picture.
13. Take a hot shower and use a good exfoliating body wash and a sponge or glove and scrub!
14. Draw over all your old scars, which will provide a repetitive action and hopefully will relieve urges.
15. Bite into a chilli

REINFORCING

1. Thinking about not wanting scars in the summer
2. Thinking about not wanting to go into hospital
3. Set yourself a target e.g. 10 minutes and promise yourself not to harm in this time, once you get to the 10 minute point, set a new target of 15 minutes and continue
4. Use a glowstick, when you feel the urge to harm, snap the glowstick to start it glowing tell yourself that you can't harm until it stops glowing. The glow will last for a few hours by which time your urges will hopefully have passed

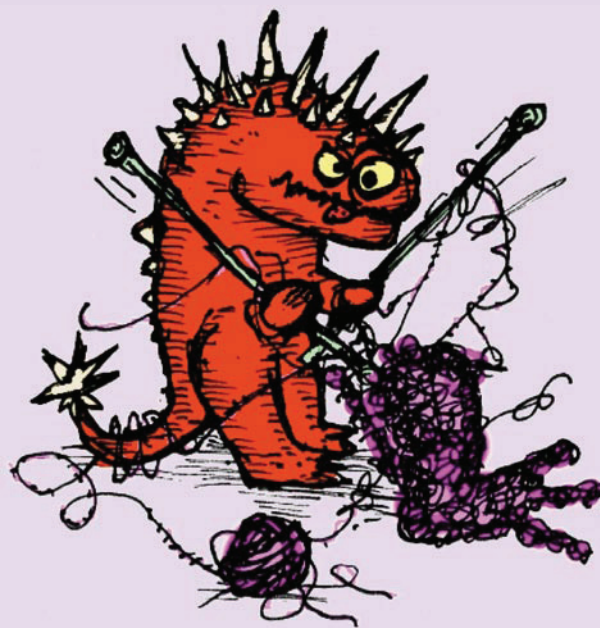
PHYSICAL

1. Exercise - Sit ups etc.
2. Going to the gym
3. Punching a punch bag
4. Having a pillow fight with the wall
5. Shouting and screaming
6. Ripping up paper into small pieces
7. Popping bubble wrap
8. Popping balloons
9. Playing with a stress ball
10. Plucking your eyebrows
11. Taking your anger out on a soft toy
12. Throwing socks against the wall
13. Dancing
14. Stamping your feet (with boots on)
15. Playing catch with a ball
16. Swimming
17. Going for a drive/bike ride/
bus ride/walk/
run



CREATIVE

1. Writing poetry, journals, letters, stories etc.
2. Doodling or scribbling on paper
3. Playing a musical instrument
4. Singing
5. Knitting
6. Sewing
7. Crocheting
8. Drawing or painting
9. Origami
10. Memorising poetry or song lyrics
11. Making a mix tape, compilation of your favourite music



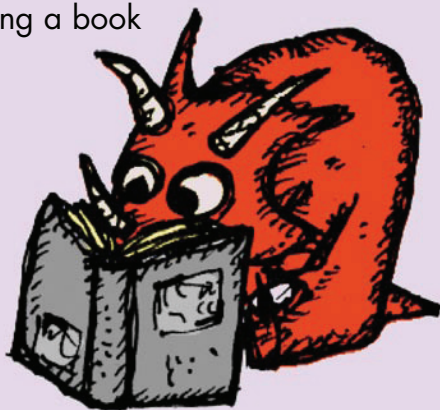
COMFORTING

1. Cuddling a soft toy/pillow
2. Allowing yourself to cry
3. Sleeping
4. Taking a shower or bath
5. Playing with a pet
6. Drinking hot chocolate
7. Wearing your pyjamas and watching daytime TV
8. Having a massage or massaging your own hands and feet



CONSTRUCTIVE

1. Doing school work, homework, paperwork
2. Writing a to do list
3. Untangling necklaces, string, wool
4. Organising your room, clothes photographs
5. Cleaning
6. Organising CD's, DVD's and books in genres, alphabetical and/or chronological order
7. Reading a book
8. Cooking, bake a cake or make cookies, meal
9. Calling a helpline, Samaritans, child line etc
10. Polishing furniture, jewellery
11. Posting on web forums/reply to posts
12. Writing a list of positive things in your life
13. Shredding
14. Dying hair
15. Painting your nails
16. Putting on false nails
17. Putting on fake tan
18. Stamping on cans for recycling (with sturdy shoes on)
19. Gardening



FUN

1. Watching your favourite TV show
2. Going to see a film, watching a DVD
3. Surf the internet
4. Listen to music, download new music
5. Dressing up, glamorous or silly
6. Using make up or face paints
7. Finger painting
8. Colouring in
9. Playing with play dough or modelling clay
10. Pop balloons
11. Jumping in puddles
12. Hunting for things on EBay
13. Planning an imaginary party
14. Looking for your perfect house in the paper
15. Write down your full name then make as many words out of it as possible
16. Counting anything, patterns on wallpaper, bricks on a wall, ceiling tiles
17. Playing computer games
18. Colouring or scribble over pretty women in magazines or cutting up magazines
19. Building things from Lego then destroy them and rebuild
20. Going to the zoo and renaming all the animals
21. Playing with a distraction toy such as a bedlam cube, geomag, or a tangle
22. Doing crosswords, word searches, suduko etc.
23. Naming all your soft toys
24. Play with a slinky
25. Going shopping to treat yourself



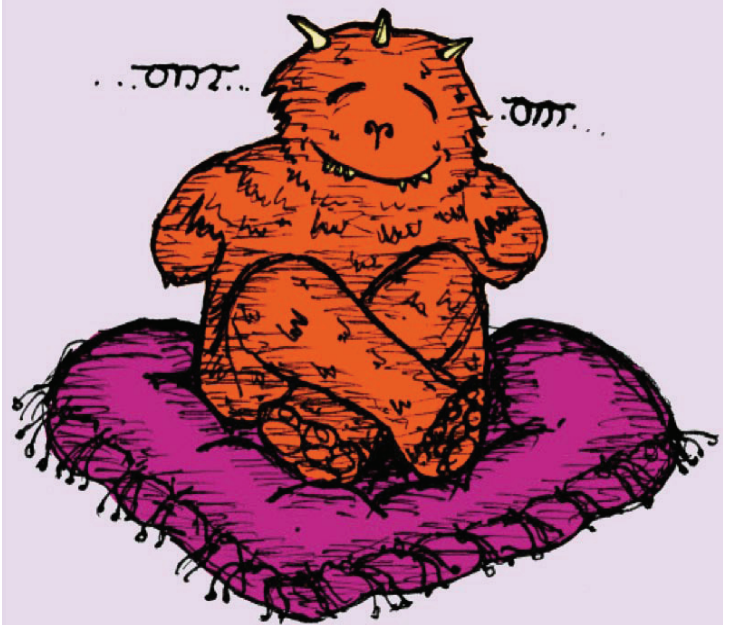
DISTRACTIONS WITH OTHERS

1. Generally being with other people
2. Phoning a friend
3. Helping someone else
4. Going to a public place
5. Visiting a friends
6. Hugs
7. Talking about your problems with someone close to you that knows what you are going through



INSPIRING

1. Looking up into the sky, cloud watching or star gazing
2. Watching a candle burning
3. Meditating
4. Picking an object a shell or rock for example and focusing on it very closely
5. Look at works of art
6. Watch fish, birds or butterflies
7. Yoga/Tai chi

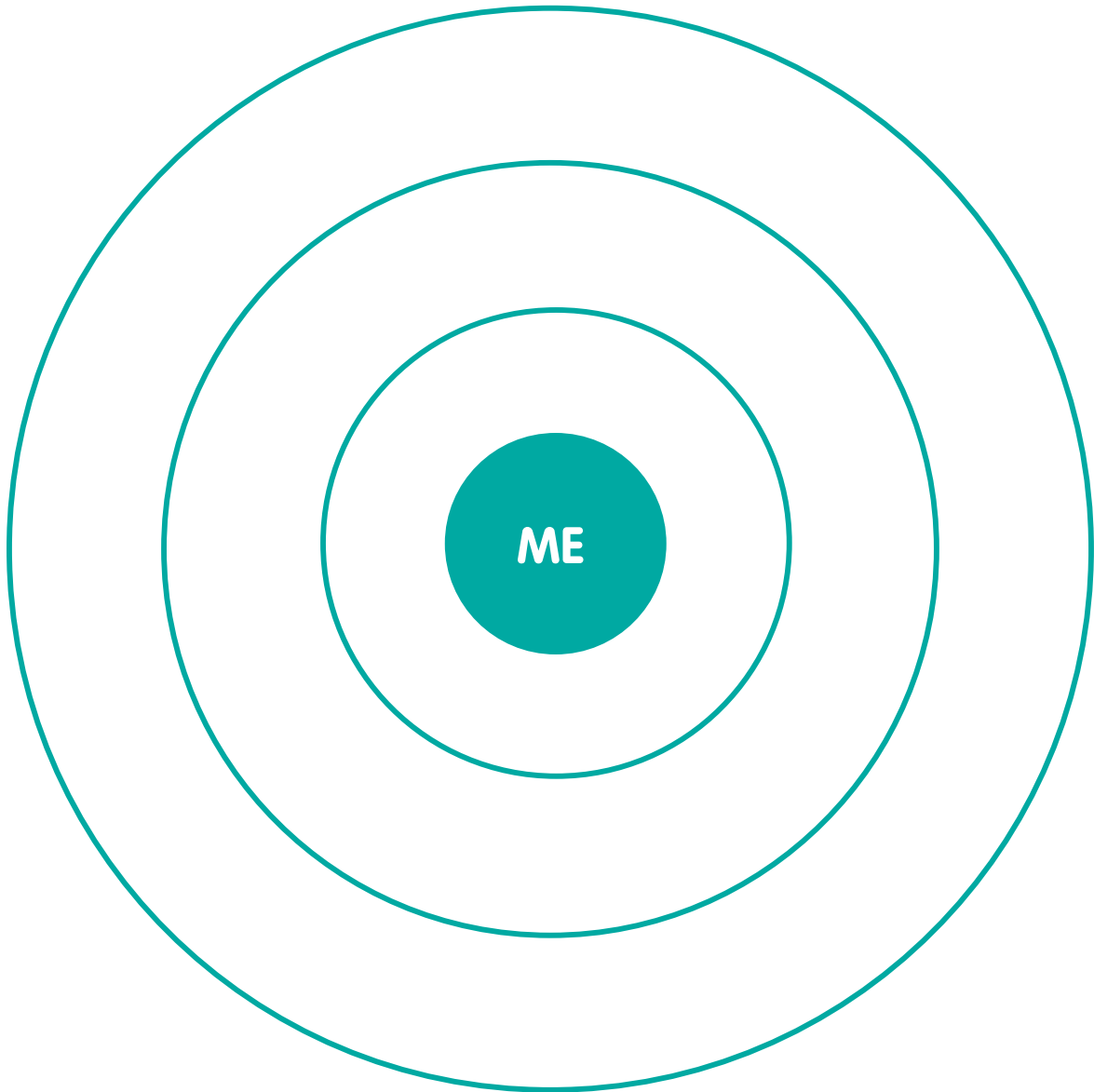


My Safety Net

There are different types of people in our lives; try to identify some people in each of the groups below that you would feel comfortable talking to:

- 1 Family and close friends
- 2 Friends and people you see every day
- 3 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:

-
-
-
-
-



Self-harm

Appendix 13: Information for family, friends and carers



Information sheet on self-harm for parents / carers

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self-harm?

Self-harm is when someone does something to deliberately hurt him / herself to cope with their emotions.

How common is self-harm?

Over the last 40 years there has been a large increase in the number of children and young people who harm themselves. A recent, large UK study found that approximately 15 % of 12 – 16 year olds had self-harmed in the previous year.

Is it just attention-seeking?

There are many factors which lead people to self-harm, including a desire to escape, to reduce tension, express hostility, make someone feel guilty or to increase caring from others. Some people who self-harm have a desire to kill themselves. Even if the child or 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 children and young people harm themselves?

All sorts of upsetting events can trigger self-harm. Examples are: arguments within the family, the break-up of a relationship, failure in examinations or bullying. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Children and 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 children and 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 with their lives.

What can you do to help?

Try to:

- Keep an open mind *“Listen, understand and be empathetic”*
- Make the time to listen. *“Being proactive during a crisis period and asking how we are doing opens the door for us to ask for help”*
- Never forget to tell the person that you love / care about them
- Help them to find different ways of coping.
“Even just to have someone sat with us, to be encouraged to stay around others and encouraged to resist the urge to self-harm can be very helpful”
- *“Distraction is very useful, but we find it works most successfully if an activity can be done with us for a while e.g. walk, board game, jigsaw”*
- Go with them to get the right kind of help as quickly as possible.

Try not to:

- *“Tell us the self-harm was silly / stupid / bad /naughty”*
- *“Repeatedly ask us why we did it”*
- *“Asking us to promise not to do it again”*

Some people you can contact for help, advice and support are:

- Your family doctor / GP
- Young Minds Parents’ Information Service **Tel: 0808 802 5544**
- The Samaritans. **Tel: 08457 90 90 90**
- MIND Infoline. Tel: **0300 123 3393** or **Text: 86463**
(Self-help books also available)
- Information leaflet available through: **www.nch.org.uk/selfharm**

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Advice for friends, family & carers

Finding that a person you care for is harming themselves can bring about a large range of thoughts and feelings: fear, distress, confusion, worry, anger, anxiety and self blame.

Your first reactions may be to remove the things that they may be using to harm themselves, be forceful in seeking help (i.e. urgently seeing a GP), apply pressure on them to talk, or be confrontational. Self harm is primarily a coping strategy. Until the reasons behind the self harm have been explored taking away their ability to cope can be very detrimental. The table contained within this leaflet gives you more detailed do's and don'ts.

A common fear is that a loved one is feeling suicidal. Whilst some individuals that self harm may have suicidal feelings, these are likely to originate from the issues behind the self harm rather than the self harm itself. Self harm, as a coping mechanism, is very often a way of avoiding suicide by releasing thoughts, feelings and emotions.

The reasons behind self harm will need to be addressed when the individual is ready and with the right care and support. Appropriate professional help may be needed. Whilst these reasons are being worked through the greatest support you can offer is a listening ear.

Distractions can be a powerful way of diverting feelings of self harm or finding other ways to express thoughts and feelings such as poetry, art, sport etc. Alternatives to self harm such as ice cubes on the skin, flicking elastic bands or drawing on the skin with red pens can also help.

Contact NSHN for a full distraction list.

Things to do...

Things not to do...

Open up methods of communication

Don't force them to talk about it

Give them the option to come to talk to you IF they want to

Don't make them feel that this is something that should be kept secret and is wrong to talk about or that they 'have' to talk about it

Ask them if they want to talk about what, if anything led to the individual episode of self harm

Don't assume every episode of self harm is for the same reason

Things to do...

Things not to do...

Ask them what, if anything they would like you to do to help

Don't assume what they need and want or take any action without discussing it and being sure that they are comfortable with it

IF they are willing to talk about it – recommend and encourage them to seek professional help, coping strategies, support groups, support forums etc.

Don't force them into going to get help and take control away from them. (They may not be ready. Forcing this may cause them to withdraw from you.)

Let them remain in control as much as possible (Many people who self harm feel they have a lack of control over their lives and feelings etc.)

Don't try to make them stop self harming (e.g. by removing self harm tools) or give them ultimatums or do things that they aren't comfortable with. Never ask them to 'promise' they won't harm themselves. This will only add more pressure and lead to guilt for any further self harm

Learn as much as you can about self harm

Never jump to conclusions

Try and be understanding

Don't tell them what they are doing is wrong or be judgemental

Show them that you care and can see the person beyond the self harm

Don't change your perspective of them as a person (They are an individual, not a 'self-harmer'!)

Be positive. Try and focus on their strengths

Don't be negative, their self harm does not change everything about them

If they tell you they have just self harmed, stay calm and ask if they want to talk about it or need any medical help (Despite how you may feel, try not to show it)

Don't get angry with them, shout at them, or show shock after individual episodes of self harm (You may feel this way but expressing it may cause more harm and make the individual feel guilty)

Get help for dealing with and understanding your own feelings and emotions

Don't blame yourself or take it personally

Only help as much as you feel able too. You need to look after your own health too. You need to maintain some self preservation, supporting someone else can be emotionally draining

Don't blame them for making you worry or talk about how much this is impacting on you, this may make them feel even more guilty and lead to further self harm

Offer ideas for distractions – talk about things not related to self harm, watch a film together, go for a walk together etc but respect requests for time on their own

Don't assume that they always need to talk about the self harm if they are low or not allow them any time and space alone

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 / her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, a website, the library. 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 to tell other people. These feelings are common and don't mean that you have done something wrong / not done enough.
- Your friend may get angry with you or say 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 to whom they are closest.
- It can be difficult to look after someone who is having difficulties. It is important for **you** to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.





Self-harm

Appendix 14: What is Self-Harm?



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What is self harm?

Definitions

“Intentional self poisoning or injury, irrespective of the apparent purpose of the act” NICE 2004

Self harm (also known as self injury or self mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and/or self neglect.

Forms of self harm:

- Cutting, burning, biting
- Head banging and hitting
- Picking and scratching
- Pulling out hair
- Over dosing and self-poisoning
- Substance abuse
- Taking personal risks
- Neglecting oneself
- Eating disorders

Who self harms?

There is no 'typical' person who self harms. It can be anyone. An individual who self harms can not and should not be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different employment status etc.

“The UK has one of the highest rates of self harm in Europe at 400 per 100'000 population”

Horrocks, J. Self Poisoning and Self Injury in Adults, in Clinical Medicine, 2 (6), 509-512 (2002) Cited in Samaritans information sheet, Self Harm and Suicide March 2005.

Why?

Each individuals relationship with self harm is different. There can be many reasons behind self harm such as childhood abuse, sexual assault, bullying, stress, low self esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries.

Self harm is primarily a coping strategy and can provide a release from emotional distress and enable an individual to regain feelings of control. Self harm can be a form of self punishment for feelings of guilt. It can also be a way to physically express feelings and emotions when individuals struggle to communicate with others.

In the majority of cases self harm is a very private act and individuals can go to great lengths to hide scars and bruises and will often try to address physical injuries themselves rather than seek medical treatment.

Whilst some individuals who self harm may have suicidal feelings, those feelings are likely to originate from the experiences and traumas behind their self harm rather than being influenced by self harm itself. Self harm is rarely an attempt of suicide but where an individual may have suicidal thoughts self harm can provide an alternative way to cope with those thoughts and lessen their intensity.

A release of tension, frustration and distress:

“I think it’s somewhat of a release when you do it, you know you’ve not really dealt with your feelings properly but you have dealt with them in a way that’s possibly the only way you can see at the time”

To feel and regain control:

“When things were happening to me that I had no control over I started hurting myself, this was something that I could control, I could do as much or as little damage as I wanted, it only involved myself and I could care for the wound after”

To punish:

“I would say there is a definite punishment element involved in my self harm, a feeling that I have to take things out on myself, to drive the bad feelings away, punish myself for what I let happen to me, and to get the badness out”

To feel, to ground oneself:

“When I feel numb or go to the place where I disconnect from reality I need to feel pain to bring me back to the here and now, nothing else will ground me. The pain makes me realise that I am really here”

A way to express:

“It’s a way of expressing negative feelings about myself that build up inside me. As someone who finds it difficult to put things into words, it can at times be the only way of expressing how I am feeling”



Self-harm

Appendix 15: Common Misconceptions



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Common Misconceptions

Common Misconceptions

There are a number of common misconceptions surrounding self harm.

Self harm is attempted suicide

All people who self harm are suicidal

People often associate self harm with attempted suicide however this is rarely the case. People suffering emotional distress may feel suicidal but as self harm is a coping mechanism its function is predominantly to prevent suicide rather than being a suicide attempt.

Some individuals that self harm may go on to complete a suicide attempt. It is unlikely however that self harm is the cause of such suicidal feelings. It is far more likely to be due to the reasons triggering the self harm, such as abuse, bullying, financial worries etc. rather than an extension of the self harm itself.

A survey of 758 respondents carried out by NSHN showed that only 4% of these individuals stated that it was suicidal feelings that led to any of their individual incidents of self harm (Figures correct to August 2009). The feelings most often reported were self hatred, anger, frustration and worthlessness.

“I don't want to die. I just want this pain to stop. The only way I can get some relief from this emotional pain is by hurting myself.” Anon

Attention seeking

Self harm is often seen as a cry for help, a ploy to gain attention or as manipulation. However more often than not self harm is a very private and hidden behaviour that does not involve anyone else. Some people will take great care in hiding their injuries and scars through shame, embarrassment or fear. They may conceal injuries under clothing, jewellery or make up excuses and explanations. A large number of people who self harm treat their wounds themselves at home rather than seeking medical help.

Other individuals who do let people know about their self harm may do this as they have no other way to communicate how they are feeling. Self harm for these individuals may be a cry for help. If someone goes to these extremes it is clear that they are in distress.

“It's not about attention-seeking. I go to great lengths to keep my scars hidden at all times.” Matt 27

“It is absolutely not attention seeking, for most people it's very secretive” Gerard 24

“In the small percentage of cases where it may be considered as attention seeking, there must be some issues that cause them to go to such extremes, so they need help to deal with the issues leading to them self harming just as much as anyone else.” Anon

The more serious the injury, the more serious the problem

It is important to take all injuries seriously as the nature of the wound does not represent the extent of the anguish being experienced.

“I feel it is inappropriate to ‘measure’ self harm in such a way. Yes, it may be useful to have some idea of the frequency and intensity and perhaps gain some understanding from that but I do not believe a) the amount of blood, b) number of scars/cuts is going to give you anywhere near the full story of what is going on.” Anon

“If you meet someone who self-harms it is fundamental to treat them as an individual with respect and care, do not bother trying to gauge what is going on in their head by the number of stitches they need.” Gerard 24

They must like the pain

Self harm is not about liking pain. It is a way to cope with thoughts and feelings that are depressing or distressing and to regain some control over how you feel. A lot of the time, individuals who self harm do not actually feel any pain due to adrenaline, instead they feel a release.

Self harm can also be a mechanism that allows individuals to ‘feel’ something as the feeling of being emotionally numb and empty are common symptoms of depression. Such feelings of pain can also be used to ‘ground’ oneself in reality when feeling dissociated such as during flashbacks common with Post Traumatic Stress Disorder or manic episodes such as those experienced by individuals with Bipolar Disorder.

In some cases individuals self harm to punish themselves. This may be due to feelings of guilt or shame. This is common in cases of sexual abuse and sexual assault. Individuals who self harm for these reasons are seeking pain but not for gratification.

“When I self harm I don’t feel any pain at all, I just feel a sense of relief. It’s not until after that I feel the pain and that’s when I start to regret what I’ve done.” Anon

Self harm is a young person’s issue

It is not only the young that self harm, triggers for self harm are experienced by people of all ages.

Results from an NSHN survey (390 respondents)

